



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000117058

**2. Name of Corporation** Newport Community Church Incorporated.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 100 TOURO STREET

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 100 TOURO STREET

City or Town: NEWPORT

State: RI

Zip: 02840

Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROCLAIM THE ORTHODOX BIBLICAL CHRISTIAN FAITH

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BARR A FLYNN	1 BEACON COURT NEWPORT, RI 02840 USA
SECRETARY	RALPH LEWIS	14 HERITAGE DR PORTSMOUTH, RI 02871 USA
TREASURER	RALPH LEWIS	14 HERITAGE DR

DIRECTOR	BRIAN GILPIN	PORTSMOUTH, RI 02871 USA 427 WAPPING ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	BARR A FLYNN	1 BEACON COURT NEWPORT, RI 02840 USA
DIRECTOR	RALPH LEWIS	14 HERITAGE DR. PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BARR A. FLYNN 1 BEACON COURT NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of May, 2015 at 6:10:59 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RALPH T LEWIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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