STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
163904	NEWPORT DEMOCRATIC CITY COMMITTEE
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	TO PROMOTE THE PRINCIPLES OF THE DEMOCRATIC PARTY

5. Principal office address	City	State	Zip
100 RHODE ISLAND AVE P.O BOX 3454 *	NEWPORT	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
CHAIR J. CLEMENT CICILLINE	CHAIR SUSAN T. PERKINS, ESQ
Street Address	**Street Address**
100 RHODE ISLAND AVE	34 BAYSIDE AVE
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840
Secretary Name	**Treasurer Name**
SANDRA J. FLOWERS, PH. D.	JOANNA T. SOMMERVILLE
Street Address	**Street Address**
16 KEENER AVE	22 JOHNSON'S COURT
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
CHARLES N. WRIGHT	SHIRLEY RIPA
Street Address	**Street Address**
13 PECKHAM AVE	6 ALMY COURT
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840
Director Name	**Director Name**
THOMAS H. SULLIVAN	RUTH B. THUMBTZEN
Street Address	**Street Address**
33 CHAPEL ST	517 SPRING ST
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED
MAY 18 2015

File Date _____
Check No _____
By: _____ RV 1047

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

J Clement Cicilline
Signature of Officer or Authorized Representative Date

J. CLEMENT CICILLINE
Print or Type Name of Officer or Authorized Representative

Form No. 631
120971-6-1034244

* NOTE CHANGE IN P.O. BOX # FROM 3456 TO 3454