



**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.** 000027633

**2. Name of Corporation** Newport Rugby football club

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 217  
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

ACHIEVEMENT OF THE GAME OF RUGBY.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	CHRISTOPHER J. BEHAN	294 VALLEY ROAD MIDDLETOWN, RI 02842 USA
TREASURER	AUSTIN BEHAN	54 BOBBIN HILL ROAD TIVERTON, RI 02878 USA
SECRETARY	CHRIS SARRO	13 CARROLL AVE

		NEWPORT, RI 02840 USA
VICE PREIDENT	THOMAS R MCGATH	64 HALSEY ST. #5 NEWPORT , RI 02840 USA
DIRECTOR	COLIN BEHAN	22 HALSEY ST NEWPORT, RI 02840 USA
DIRECTOR	CHRIS SHEEKEY	71 CONNECTION ST NEWPORT , RI 02840 USA
DIRECTOR	ANDREW MENTON	32 BEDLOW AVENUE NEWPORT, RI 02840 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**

CHRISTOPHER BEHAN 294 VALLEY ROAD MIDDLETOWN , RI 02842

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

**Signed this 10 Day of June, 2015 at 9:47:21 AM 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 CHRISTOPHER BEHAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07