



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

Foreign Non-Profit
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: 2016

1. Corporate ID No. 000157086

2. Name of Corporation NewportFed Charitable Foundation

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: PO BOX 509
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

MAKE GRANTS AND DONATIONS TO NON-PROFIT AND COMMUNITY GROUPS AND PROJECTS LOCATED WITHING NEWPORT FEDERAL SAVINGS BANK MARKET AREA

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEVIN MCCARTHY	272 SEAMEADOW DRIVE PORTSMOUTH, RI 02871 USA
TREASURER	ARTHUR H LATHROP	PO BOX 511 WESTERLY, RI 02891 USA
DIRECTOR	ALICIA S QUIRK	227 COREY LN MIDDLETOWN, RI 02840 USA
DIRECTOR	JUDY TUCKER	106 BEACON STREET

		MIDDLETOWN, RI 02842 USA
DIRECTOR	KELLY LEE	3 EVERGREEN CT COVENTRY, RI 02816 USA
DIRECTOR	MARK STENNING	97 NARRAGANSETT AVE NEWPORT, RI 02840 USA
DIRECTOR	WILLIAM R HARVEY	47 LONG WHARF MALL NEWPORT, RI 02840 USA
DIRECTOR	DONALD KAULL	43 BENEDICT AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	MICHAEL HAYES	16 RUGGLES AVE 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 11 Day of May, 2016 at 11:37:35 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 ARTHUR H LATHROP
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved