



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
96881		Bellevue-Ochre Point Neighborhood Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Preservation and protection of the neighborhood			
5. Principal Office Address		City	State	Zip	
50 S Main Street, Suite 201		Providence	RI	02903	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James E. Moore			Vice-President Name Mohamad Farzan		
Street Address 5 Ocean Lawn Lane			Street Address 38 Ledge Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Linda Sawyer			Treasurer Name Thomas P. I. Goddard		
Street Address 665 Bellevue Avenue			Street Address 12 Leroy Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name David Brodsky			Director Name Ronald Lee Fleming		
Street Address 225 Ruggles Avenue			Street Address 304 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Mary Gilbane			Director Name John Iverson		
Street Address 20 Leroy Avenue			Street Address 10 Leroy Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Thomas P. J. Goddard				Date 05/12/2016	
Signature of Officer/Authorized Representative 					

FILED

MAY 16 2016

BY

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016 – ATTACHMENT

BELLEVUE-CHRE POINT NEIGHBORHOOD ASSOCIATION (96881)

DIRECTORS – CONT'D

Bruce Leish
72 Webster St., Unit 7
Newport, RI 02840

Harry McVickar
553 Bellevue Ave., Apt. 13
Newport, RI 02840

Ruth Orthwein
718 Bellevue Avenue
Newport, RI 02840

Peter Warwick
140 Webster Street
Newport, RI 02840