

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

HOPE		4		
Non-Profit Corporation Filing period: June 1 - June 30	Annual Report for the y	ear: <u>LO IQ</u>		
Filing Fee: \$20.00 *FAILURE	TO FILE THIS REPORT BY J	IULY 30 WILL RESULT IN A \$	25.00 PENALTY	FEE.
1. Entity ID Number	2. Exact name of the Corporation	n		
28866	Uhristmas in	. Newport		
3. State of Incorporation	4. Brief description of the charac	ter of business conducted in Rhoo	le Island	00
Rhode Island	Nonprofil organizat	ron to return en	ents rate	christy
5. Principal Office Address		City	State	Zip
ABOX716, NewsonT.	of 96 4 Hoffman Place	Newport	RI	078AD
6. List ALL officers (names and a	ddresses)	Check the box t	o indicate an atta	chment
t	acknight	Vice-President Name Poy	auth	
Street Address ToT-man	Place	Street Address 2 Starts	St	
City Newport	State R(Zip ZS40	city Newport	State R (Zip 02840
Secretary Name 6	oreene	Treasurer Name B	utlett	
Stree Address Capella	South	Street Address # Mum	Ford Au	و ز
city Seemont	State R(Zip 0 2840	circlesport	State R(zip02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Brian B	erdort	Director Name / One Pa	ters	
Street Address Washing	ton Square	Street Address Champ	lur St.	
city Sesport	State Z D Zip 2840	city Dewyort	State (zip 0284 <u>[</u>
Director Name Richard	Sherran	Director Name Duke Wi	Rhende	ر
Street Address Carroll	Ave.	Street Address Anno (a) A	rl.	
city Desport	State R1 Zip 028 40	city Newport	State R	Zip 02840
		cord in the Department of State. Chan		
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.				
This report must be signed by either the Pr	esident, Vice-President, Secretary, Assistan	nt Secretary, Treasurer, duly Authorized Rep	resentative, Receiver	or Trustee.
Name of Officer/Authorized Representative Wath Mac Knight			Date (-8-1	le
Signature of Officer/Authorized Representative				
Thy Markus Lister DOCUMENT HERE				
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Form No. 631 Revised: 2016 FILED 52 JUN 1 3 2016

BY 1394

CHRISTMAS IN NEWPORT BOARD OF DIRECTORS cont.

Alexandra Kelly 39 Farewell St. Apt. 306 Newport, RI 02840

Vance Gatchel 46 Division St. Newport, RI 02840

Everett H. Greene 1117 Capella South Newport, RI 02840

Jan Girouard 43 Everett St. Newport, RI 02840

Helen Glover 66 McCorrie Lane Portsmouth, RI 02871

Pat Blakeley 79 Carriage Dr. Portsmouth, RI 02871

Peter Davis 66 Callender Ave. Newport, RI 02840

Monique Panaggio 44 Old Beach Rd. Newport, RI 02840

Mary Beth Smith 235 Ferry Landing Circle Portsmouth, RI 02871

David Leys 599 Wolcott Ave. Middletown, RI 02842