

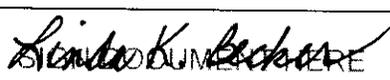


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 506763		2. Exact name of the Corporation Newport County Retired Teachers' Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To raise money to provide scholarships to Newport County students			
5. Principal Office Address 15 Oliver Hazard Perry Rd			City Portsmouth	State RI	Zip 02871
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peg Bugara			Vice-President Name Arlene Hicks		
Street Address 36 Wild Cherry Dr			Street Address 25 Brookridge Dr		
City Little Compton	State RI	Zip 02837	City Exeter	State RI	Zip 02822
Secretary Name Rita Wood			Treasurer Name Linda Becker		
Street Address 47 Brown Terrace			Street Address 15 Oliver Hazard Perry Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joyce McKale			Director Name Dennis Velozo		
Street Address 55 Brook St			Street Address 79 "O" Dr		
City Barrington	State RI	Zip 02806	City Westport	State MA	Zip 02890
Director Name Shirley Ripa			Director Name Victoria Johnson		
Street Address 6 Almy Ct			Street Address 487 Union St		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
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 Linda K. Becker				Date 6/15/16	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 17 2016
 BY 274 DS
 FORM 631 - Revised: 05/2016