



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: 2016

1. Corporate ID No. 000113797

2. Name of Corporation THE NEWPORT KIWANIS FOUNDATION OF NEWPORT, R.I., INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 181 BELLEVUE AVE #434

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

TO RAISE FUNDS FOR PROVIDING SCHOLARSHIPS AND AID TO NEEDY PERSONS
PARTICULARLY CHILDREN AND ELDERLY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	BARRY FORD	1 HAROLD LANE MIDDLETOWN, RI 02842 USA
TREASURER	JOHN S POPE	6 CANONCHET DRIVE PORTSMOUTH, RI 02871 USA

SECRETARY	KATHERINE PERROTTI	16 RUSSELL AVE NEWPORT, RI 02840 USA
DIRECTOR	SARAH RIVARD	82 LINWOOD DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT SMITH	126 RUGGLES AVE NEWPORT, RI 02840 USA
DIRECTOR	P HAKAN DURUDOGAN	97 WEST MAIN RD MIDDLETOWN, RI 02842 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**

ROBERT S. SMITH 16 RUSSELL AVENUE P.O. BOX 1368 NEWPORT , RI 02840

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

Signed this 20 Day of June, 2016 at 6:32:59 PM 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 KATHERINE PERROTTI
Signature of Authorized Person

Form No. 631
Revised 09/07