



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			
000163904		NEWPORT DEMOCRATIC CITY COMMITTEE			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		PROMOTION OF DEMOCRATIC PARTY PRINCIPLES & SUPPORT OF DEMOCRATIC CANDIDATES TO ELECTIVE OFFICE			
5. Principal Office Address		City	State	Zip	
P.O. BOX 3454 / 100 RHODE ISLAND AVE		NEWPORT	RI	02840	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name		Vice-President Name			
CHAIR J. CLEMENT CICILLINE		CHAIR VACANT			
Street Address		Street Address			
100 RHODE ISLAND AVE					
City	State	Zip	City	State	Zip
NEWPORT	RI	02840			
Secretary Name		Treasurer Name			
SANDRA J. FLOWERS		JOANNA T. SOMMERVILLE			
Street Address		Street Address			
16 KEEPER AVE		22 JOHANSON COURT			
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	NEWPORT	RI	02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
SHIRLEY RIPA		CHARLES W. WRIGHT			
Street Address		Street Address			
6 ALMY COURT		13 PECKHAM AVE			
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	NEWPORT	RI	02840
Director Name		Director Name			
CHARLES J. LARANSO		RUTH B. THUMBZEN			
Street Address		Street Address			
12 COUNTY ST		517 SPRING ST			
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	NEWPORT	RI	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
J. CLEMENT CICILLINE				6/17/16	
Signature of Officer/Authorized Representative					
J. Clement Cicilline					

FILED  
JUN 20 2016  
BY 1278