



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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 • This report must be typed or printed legibly.

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

1. Entity ID No. <b>27875</b>		2. Exact name of the Corporation <b>Lions Club of Newport RI, Incorporated</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Charitable organization serving the needs of the community.</b>			
5. Principal office address <b>PO Box 695</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Jamie Russell-Smith</b>		Vice-President Name <b>Dr. Martin Cohen</b>			
Street Address <b>346 East Road</b>		Street Address <b>49 Kay Street</b>			
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Tara D'Angelo</b>		Treasurer Name <b>Helen Steeves</b>			
Street Address <b>8-11 Admiralty Drive</b>		Street Address <b>1302 West Main Road</b>			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Alice Coffey</b>		Director Name <b>Dr. Elie Cohen</b>			
Street Address <b>27 Harbor Drive, Apt 2</b>		Street Address <b>136 Rhode Island Avenue</b>			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Paul Tobak</b>		Director Name <b>Patricia Morrissette</b>			
Street Address <b>PO Box 125</b>		Street Address <b>35 Bliss Road</b>			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

**NOV 09 2016**

File Date

**BY**

Check No

By:

**FOR SECRETARY OF STATE USE ONLY**

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.

Signature of Officer or Authorized Representative

Date

**Helen T. Steeves**

Print or Type Name of Officer or Authorized Representative