



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 97625		2. Exact name of the Corporation Artillery Company of Newport	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Museum to operate and maintain our Armory &	
5. Principal Office Address 23 Clarke St		City Newport	State RI
		Zip 02840	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert S. Edenbach		Vice-President Name Thomas Donnelly	
Street Address 140 Cromwell Drive		Street Address 71 Fenner Ave	
City Portsmouth	State RI	City Middletown	State RI
Zip 02871		Zip 02842	
Secretary Name Seth Chairo		Treasurer Name Corinne A Edenbach	
Street Address 14 Cove St.		Street Address 140 Cromwell Drive	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		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 Craig Mulvey		Director Name Joanne Pike	
Street Address 108 Spring St		Street Address 129 Sweet Ave	
City Newport	State RI	City Pawtucket	State RI
Zip 02840		Zip 02860	
Director Name Robert S Edenbach		Director Name Thomas Donnelly	
Street Address 140 Cromwell Drive		Street Address 71 Fenner Ave	
City Portsmouth	State RI	City Middletown	State RI
Zip 02871		Zip 02842	
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			Date 12/15/16
Signature of Officer/Authorized Representative <i>Robert S Edenbach</i>			

FILED

DEC 21 2016

By 1500
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MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov