

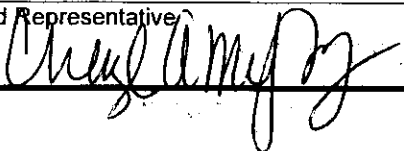


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 28322		2. Exact name of the Corporation Friends of the Waterfront, Inc.					
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintaining a community association concerned with the directing and planning of the Newport waterfront, to educate the public as to means of civic improvement					
5. Principal Office Address P.O.Box 932, 320 Thames St. Suite 1				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 Johanna Vietry				Vice-President Name Dave Wixted			
Street Address 6 Dearborn St				Street Address 42 Division St			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840		
Secretary Name Casey Farley				Treasurer Name Cheryl McLarney			
Street Address 14 Poplar St				Street Address 38 Roseneath Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840		
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 Daphne Forster				Director Name Vic Farmer			
Street Address 124 Green End Ave				Street Address 19 Catherine Street			
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840		
Director Name Linda Hammer				Director Name Pam Fleming			
Street Address 51 Kay Boulevard				Street Address 112 Connection St			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 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.							
<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 Cheryl McLarney					Date 1/11/2017		
Signature of Officer/Authorized Representative Cheryl McLarney 					Digitally signed by Cheryl McLarney DN: cn=Cheryl McLarney, o=URI Health Services, ou, email=cmclarney@uri.edu, c=US Date: 2017.01.10 21:33:36 -0500		

FILED

JAN 19 2017

BY 2448

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

FORM 631 - Revised: 05/2016