

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

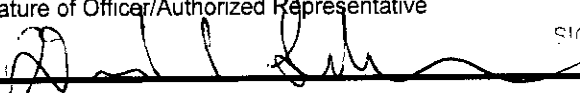
2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
STATE
R.I. DEPT. OF
BUS. SVCS. DIV.
2017 MAR 17 AM 10:19

1. Entity ID Number 127898		2. Exact name of the Corporation Newport Saint Patrick's Day Parade Committee Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To support and benefit an annual Parade to honor Saint Patrick, the Catholic Patron Saint of Ireland, in the City of Newport, Rhode Island. Title 7-6			
5. Principal Office Address 34 Norman Street		City Newport		State Rhode Island	Zip 02840
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dennis P Sullivan			Vice-President Name Robert O'Neill		
Street Address 34 Norman Street			Street Address 12 Bay View Park		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name NONE			Treasurer Name Daniel P Titus		
Street Address			Street Address 383 Paradise Avenue		
City	State	Zip	City Middletown	State RI	Zip 02842
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name David K Downes			Director Name Dennis P Sullivan		
Street Address 16 Sylvan Street			Street Address 34 Norman Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Charles W Donovan			Director Name Daniel P Titus		
Street Address 73 West Narragansett Avenue			Street Address 383 Bay View Park		
City Newport	State RI	Zip 02840	City Middletown	State RI	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 Dennis P Sullivan, President				Date March 17, 2017	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT **FILED**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 17 2017

10:21

By  **298430**

FORM 631 - Revised: 02/2017

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Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Director Name Robert O'Neill			Director Name		
Street Address 12 Bay View Park			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name			Director Name		
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Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

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