RI SOS Filing Number: 201738172740 Date: 3/17/2017 10:20:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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2017 MAR 17 AM 10: 18

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	2. Exact name of the Corporation
127898	**Newport Saint Patrick's Day Parade Committee Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
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	City	State	Zip
34 Norman Street	**Newport**	**Rhode Island**	**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.

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
Dennis P Sullivan, President	**March 17, 2017**

Signature of Officer/Authorized Representative

FILED

MAR 17 2017

By 298430 10:20

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: 02/2017

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President Name			Vice-President Name		
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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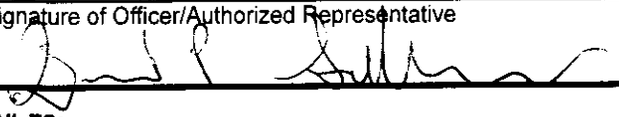
Name of Officer/Authorized Representative	Date
Dennis P Sullivan, President	**March 17, 2017**

Signature of Officer/Authorized Representative



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