



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

Annual Report for the year:

2017

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 27472		2. Exact name of the Corporation NEWPORT COUNTY SALTWATER FISHING CLUB, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROMOTION OF SALTWATER SPORTFISHING IN NEWPORT COUNTY AND RI			
4. NAICS Code 713990					
6. Principal Office Address P.O. Box 2		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENNIS ZAMBROTTA			Vice-President Name EDWARD BABINSKI		
Street Address 12 FLORENCE AVENUE			Street Address 9 HARVEY ROAD		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Secretary Name TIMOTHY LYNCH			Treasurer Name JOHN S. POPE		
Street Address 21 GILROY STREET			Street Address 6 CANONCHET DRIVE		
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
8. 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 FRANK BRYER			Director Name MICHAEL SHEPHERD		
Street Address 20 EASTNOR ROAD			Street Address 52 CHASTELLUX AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name GEOFFREY GRAEBER			Director Name		
Street Address 81 BLISS MINE ROAD			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
9. 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 JOHN S. POPE				Date 6/1/17	
Signature of Officer/Authorized Representative <i>John S. Pope</i>					

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

FILED**JUN 05 2017**

BY

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FORM 631 - Revised: 05/2017