



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

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2017

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
57143		Women's Newport League, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		Charity			
5. Principal Office Address		City	State	Zip	
24 Gould St. mail:P.O.Box 3244		Newport	RI	02840	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barbara Winters			Vice-President Name Geraldine Orosco		
Street Address 18 Callendar Ave			Street Address 11 Smith Ave.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Betty Franklin			Treasurer Name Josephine Brown		
Street Address 130 Hedley St.			Street Address 4 Leal Terrace		
City Portsmouth	State RI	Zip 02871	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 Joanna Sommerville (financial Secretary)			Director Name Joyce Dawson-Watts		
Street Address 22 Johnson Court			Street Address 15 Calvert St.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Victoria Johnson			Director Name Shirley Cook		
Street Address 487 Union St.			Street Address 7 Murphy Circle		
City Portsmouth	State RI	Zip 02871	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 Joanna Sommerville				Date June 02, 2016	
Signature of Officer/Authorized Representative <i>Joanna Sommerville</i>					

FILED

JUN 08 2017

BY 1657 *[Signature]*