



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


Annual Report for the year: **2018**

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 1658658		2. Exact name of the Corporation Newport Partnership for Families			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Newport Partnership for Families is an association of social service agencies, community organizations, educational institutions and businesses striving to strengthen the City of Newport by prioritizing and supporting the needs of children and families.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 109 Old Fort Road		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 Marilyn Warren			Vice-President Name Robyn Greene		
Street Address 20 Dr. Marcus Wheatland Boulevard			Street Address CCRI - 1 John H. Chafee Boulevard		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Candace Powell			Treasurer Name Tia Scigulinsky		
Street Address 38 Mount Hope Avenue			Street Address 368 Sea Meadow Drive		
City Jamestown	State RI	Zip 02842	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 Sharon K. Carter, Director			Director Name Tia Scigulinsky, Treasurer		
Street Address 109 Old Fort Road			Street Address 368 Sea Meadow Drive		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Director Name Marilyn Warren, Director and President			Director Name		
Street Address 20 Dr. Marcus Wheatland Blvd.			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 Marilyn Warren, Chairman				Date May 10, 2018	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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MAY 11 2018