

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS****Office of the Secretary of State - Division of Business Services**

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 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

1. Entity ID No. 26148		2. Exact name of the Corporation Alliance Francaise of Newport, RI			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Maintain and extend the language and culture of France (611630)			
5. Principal office address P. O. Box 361		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mary-Gail Smith			Vice-President Name Michel Vienne		
Street Address 17 Periwinkle Drive			Street Address 103 North Champlin Place		
City Green Hill	State RI	Zip 02879	City Newport	State RI	Zip 02840
Secretary Name Marjorie Cogar			Treasurer Name Vera Reid		
Street Address 21 Mt. Vernon Street			Street Address 27 Concord Drive		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Larned			Director Name Dean de la Motte		
Street Address 9 Everett Street			Street Address 25 Catherine Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Julie Warburg			Director Name Peter Baylor		
Street Address 38 Everett Street			Street Address 44 Pelham Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date

Check No

By

BY

MAY 21 2018

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.

Vera B Reid

05/14/18

Signature of Officer or Authorized Representative

Date

Vera B. Reid

Print or Type Name of Officer or Authorized Representative