



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

FILED

MAY 31 2018

BY 5028

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 000080973		2. Exact name of the Corporation ProvPort, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organized exclusively for charitable purposes			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 35 Terminal Road		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul A Moura		Vice-President Name Joseph McGonagle			
Street Address 35 Terminal Road		Street Address 35 Terminal Road			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name William G Brody, Esq		Treasurer Name Joseph McGonagle			
Street Address 35 Terminal Road		Street Address 35 Terminal Road			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 Susan Fabrizio		Director Name John Lopes			
Street Address 35 Terminal Road		Street Address 35 Terminal Road			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Mark Newhart		Director Name none			
Street Address 35 Terminal Road		Street Address none			
City Providence	State RI	Zip 02905	City none	State none	Zip none
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative William G Brody, Esq				Date 5/25/18	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE

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