RI SOS Filing Number: 201868736870 Date: 6/6/2018 4:00:00 PM

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 | 2. Exact name of the Corporation |
|---|---|
| 27619 | The Newport Reading Room |
| 3. State of Incorporation: Rhode Island | 5. Brief description of the character of business conducted in Rhode Island: Private Social Club |
| 4. NAICS Code: N/A 83410 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| Rhode Island | Newport | RI | 02840 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Barclay Douglas Jr. | None |
| Street Address: c/o NRR 29 Bellevue Ave | Street Address: — |
| City: Newport; State: RI; Zip: 02840 | City: —; State: —; Zip: — |
| **Secretary Name:** Michael J. Murray | **Treasurer Name:** Dickson G. Boenning |
| Street Address: c/o NRR 29 Bellevue Ave | Street Address: c/o NRR 29 Bellevue Avenue |
| City: Newport; State: RI; Zip: 02840 | City: Newport; State: RI; Zip: 02840 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

| Director Name | Director Name |
|---|---|
| Jeffrey L. Gordon | Peter Arment |
| Street Address: c/o NRR 29 Bellevue Avenue | Street Address: c/o NRR 29 Bellevue Ave. |
| City: Newport; State: RI; Zip: 02840 | City: Newport; State: RI; Zip: 02840 |
| **Director Name:** William N. Wood Prince | **Director Name:** David L. Reed |
| Street Address: c/o NRR 29 Bellevue Ave. | Street Address: c/o NRR 29 Bellevue Ave |
| City: Newport; State: RI; Zip: 02840 | City: Newport; State: RI; Zip: 02840 |

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 | Date |
|---|---|
| Dickson G. Boenning, Treasurer | June 1, 2018 |

Signature of Officer/Authorized Representative: Dickson G. Boenning, Treasurer

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

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JUN 06 2018
BY 11955 DS

FORM 631 - Revised: 11/2017

Entity No. 27619
NEWPORT READING ROOM
29 Bellevue Avenue
Newport RI 02840

Form 630
Year 2018
Attachment- List of Directors
(Nos. 5 -9)

| Name | Address |
| --- | --- |
| James A. Hilton | All c/o Newport Reading Room |
| William F. Lucey III | 29 Bellevue Avenue |
| Timothy J. Demy | |
| Emlen M. Drayton | |
| Kenneth M.P. Lindh | |

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BY 11955 DS

# 27619