



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 <b>27619</b>		2. Exact name of the Corporation <b>The Newport Reading Room</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Private Social Club</b>	
4. NAICS Code <b>N/A 83410</b>			
6. Principal Office Address <b>Rhode Island</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>BARCLAY DOUGLAS JR.</b>		Vice-President Name <b>NONE</b>	
Street Address <b>c/o NRR 29 BELLEVUE AVE</b>		Street Address <b>-</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
Secretary Name <b>MICHAEL J. MURRAY</b>		Treasurer Name <b>DICKSON G. BOENNING</b>	
Street Address <b>c/o NRR 29 BELLEVUE AVE</b>		Street Address <b>c/o NRR 29 BELLEVUE AVENUE</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <b>JEFFREY L. GORDON</b>		Director Name <b>PETER ARMENT</b>	
Street Address <b>c/o NRR 29 BELLEVUE AVENUE</b>		Street Address <b>c/o NRR 29 BELLEVUE AVE.</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
Director Name <b>WILLIAM N. WOOD PRINCE</b>		Director Name <b>DAVID L. REED</b>	
Street Address <b>c/o NRR 29 BELLEVUE AVE.</b>		Street Address <b>c/o NRR 29 BELLEVUE AVE</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <b>DICKSON G. BOENNING, Treasurer</b>			Date <b>June 1, 2018</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

FILED

JUN 06 2018

BY 11955 DS

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

Name

James A. Hilton  
William F. Lucey III  
Timothy J. Demy  
Emlen M. Drayton  
Kenneth M.P. Lindh

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

Address

All c/o Newport Reading Room  
29 Bellevue Avenue

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BY 11955 DS