



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 27472		2. Exact name of the Corporation NEWPORT COUNTY SALTWATER FISHING CLUB, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROMOTION OF SALTWATER SPORTFISHING IN NEWPORT COUNTY AND RI	
4. NAICS Code 713990			
6. Principal Office Address P.O. Box 2		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 DENNIS ZAMBROTTA		Vice-President Name EDWARD BABINSKI	
Street Address 12 FLORENCE AVENUE		Street Address 9 HARVEY ROAD	
City NEWPORT	State RI	City MIDDLETOWN	State RI
Zip 02840		Zip 02842	
Secretary Name TIMOTHY LYNCH		Treasurer Name JOHN S. POPE	
Street Address 21 GILROY STREET		Street Address 6 CANONCHET DRIVE	
City NEWPORT	State RI	City PORTSMOUTH	State RI
Zip 02840		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 FRANK BRYER		Director Name MICHAEL SHEPHERD	
Street Address 20 EASTNER ROAD		Street Address 52 CHASTELLUX AVENUE	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
Director Name GEOFFREY GRABER		Director Name	
Street Address 81 BLISS MINE ROAD		Street Address	
City NEWPORT	State RI	City	State
Zip 02840		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.			
<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 JOHN S. POPE		Date 6/4/18	
Signature of Officer/Authorized Representative <i>John S. Pope</i>		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

FILED

JUN 07 2018

BY_

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FORM 631 - Revised: 11/2017