



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>27472</b>		2. Exact name of the Corporation <b>NEWPORT COUNTY SALTWATER FISHING CLUB, INC.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>PROMOTION OF SALTWATER SPORTFISHING IN NEWPORT COUNTY AND RI</b>			
4. NAICS Code <b>713990</b>					
6. Principal Office Address <b>P.O. Box 2</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>DENNIS ZAMBROTTA</b>			Vice-President Name <b>EDWARD BABINSKI</b>		
Street Address <b>12 FLORENCE AVENUE</b>			Street Address <b>9 HARVEY ROAD</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>TIMOTHY LYNCH</b>			Treasurer Name <b>JOHN S. POPE</b>		
Street Address <b>21 GILROY STREET</b>			Street Address <b>6 CANONCHET DRIVE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>FRANK BRYER</b>			Director Name <b>MICHAEL SHEPHERD</b>		
Street Address <b>20 EASTNER ROAD</b>			Street Address <b>52 CHASTELLUX AVENUE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>GEOFFREY GRABER</b>			Director Name		
Street Address <b>81 BLISS MINE ROAD</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
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>JOHN S. POPE</b>					Date <b>6/4/18</b>
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**  
**2349**