



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000089847

**2. Name of Corporation** Museum of Newport Irish History, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813990

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 1378  
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OPERATE AND MAINTAIN A MUSEUM OR LIKE ENTITY OF IRISHHISTORY IN THE NEWPORT RI AREA.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	DEANNA CASEY	55 HAMMOND ST. NEWPORT, RI 02840 USA
SECRETARY	MARGARET A MURRAY	2 GREEN PLACE NEWPORT, RI 02840 USA
1ST VICE PRESIDENT	MAEVE SHEEHAN	15 BAYSIDDE AVE NEWPORT, RI 02840 USA
2ND VICE PRESIDENT	JOHN MC CORMACK	7 NORMAN RD JAMESTOWN, RI 02835 USA
PRESIDENT	MICHAEL SLEIN	15 BALDWIN RD MIDDLETOWN, RI 02842 USA
DIRECTOR	KATHLEEN PAPP	52 AYRAULT ST NEWPORT, RI 02840 USA
DIRECTOR	JOHN QUINN	11 CIRCLE DR MIDDLETOWN, RI 02842 USA
DIRECTOR	JOHN BOOTH	91 MEMORIAL BOULEVARD NEWPORT, RI 02840 USA
DIRECTOR	PETER MARTIN	1 1/2 WILLOW ST NEWPORT, RI 02840 USA
DIRECTOR	RICHARD ONEILL	11 GARFIELD ST NEWPORT, RI 02840 USA
DIRECTOR	PATRICK MURPHY	4 ATLANTIC ST NEWPORT, RI 02840 USA
DIRECTOR	HENRY WINTHROP	49 BATEMAN AVE NEWPORT, RI 02840 USA
DIRECTOR	ANN ARNOLD	73 KAY ST NEWPORT, RI 02840 USA
DIRECTOR	JOHN CURRAN	62 HARRISON AVE NEWPORT, RI 02840 USA
DIRECTOR	DANIEL TITUS	PARADISE AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	LOUIS BURNS	36 HARRISON AVE NEWPORT, RI 02840 USA
DIRECTOR	DEAN ROBINSON	404 NEW MEADOW ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JAMES RYAN	13 BLISS RD.#1 NEWPORT, RI 02840 USA
DIRECTOR	STEPHEN FERRIS	7 WELLINGTON AVE NEWPORT, RI 02840 USA
DIRECTOR	STEPHEN MARINO	214 SPRING ST NEWPORT, RI 02840 USA
DIRECTOR	DONNA MCCARTHY	45 WILLIAM ST NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHRISTOPHER J. BEHAN 294 VALLEY ROAD MIDDLETOWN , RI 02842

**9. This report must be signed by either the President, Vice President, Secretary, Assistant**

**Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2018 at 10:35:52 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL J. SLEIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations  
All Rights Reserved