RI SOS Filing Number: 201869243160 Date: 6/8/2018 4:00:00 PM

State of Rhode Island and P Department of State	rovidence Plantations e - Business Services Division	
Annual Report for the year: Non-Profit Corporation → Filing penad June 1 - June 30 → Filing Fee \$20.00 → Penalty Additional \$25.00 fee if for	2018 This not filed by July 30.	S. ₹ 16

Entity ID Number ,	2 Exact name o	f the Corporation					
141749		Newport Community School					
3. State of Incorporation	Bnef description of the character of business conducted in Rhode Island						
RI	In collaboration with local schools and community partners, provides educational opportunities to						
4. NAICS Code	complement classroom learning and supports academic success, personal responsibility and economic self-sufficiency in a vibrant engaged community.						
611110 - Elementary and Secor							
6. Principal Office Address	<u> </u>		City	State	Zip		
p: 55 Broadu	you		Newport	Ri	02840		
7 List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Pam Breves			Vice-President Name				
Street Address 55 Poplar Street			Street Address				
City Newport	State RI	^{Zrp} 02840	City	State	Z ₁ p		
Secretary Name Rachel Prendergast			Treasurer Name Robert Campion				
Street Address 580 Thames Street			Street Address 15 Wickham Rd				
^{City} Newport	State RI	Zip 02840	City Newport	State R1	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 Steve Hines			Director Name Dr. Martha Rose				
Street Address 204 Laurel Ridge Lane			Street Address 100 Ochre Point Ave				
City North Kingston	State RI	Zip 02840	City Newport	State RI	^{Zip} 02840		
Oirector Name Kevin O. Hagan			Director Name Michael Ferreira				
Street Address 106 Memorial Blvd.			Street Address 101 Old Fort Rd				
City Newport	State RI	^{Ζφ} 02840	City Newport	Stale RI	Zip 02840		
9 Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require fixing 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	Date		
Tamela Breves 6.6.19					. 18		
Sign of Officer/Authorized Representative SIGN OGSUMENT HERE							
and There							

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Division of Business Services
148 W. River Street, Providence Rhode Island 02904-2615
Phone: (401) 222-3040

Website, www.sos.n.gov

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