



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 141749		2. Exact name of the Corporation Newport Community School			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island In collaboration with local schools and community partners, provides educational opportunities to complement classroom learning and supports academic success, personal responsibility and economic self-sufficiency in a vibrant engaged community.			
4. NAICS Code 611110 - Elementary and Secor					
6. Principal Office Address P: 55 Broadway			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 Pam Breves			Vice-President Name		
Street Address 55 Poplar Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
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 RI	Zip 02840
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 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
Director Name Kevin O. Hagan			Director Name Michael Ferreira		
Street Address 106 Memorial Blvd.			Street Address 101 Old Fort Rd		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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.					
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 Pamela Breves					Date 6.6.18
Signature of Officer/Authorized Representative Pamela Breves 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 08 2018

BY 4810 DS

FORM 631 - Revised: 11/2017