



RI SOS Filing Number: 201871397110 Date: 7/2/2018 4:00:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of StateA. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018**

Filing Period: June 1 - June 30, Filing Fee: \$20.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-24, 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.

1. Corporate ID No. 32061		2. Name of Corporation NEWPORT RESIDENTS VINCORPORATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address ONE EISENHOWER ROAD		City NEWPORT	Zip 02840
5. Foreign corporation. Enter principal office address: N/A		City N/A	State N/A	Zip N/A	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF NEWPORT, RHODE ISLAND 813920					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name YVETTE HARRIS - EVANS			Vice President Name KATHRYN BRUEN		
Street Address 240 PARK HOLM			Street Address 175 PARK HOLM		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name JOICELYN LASSITER PERRY			Treasurer Name YVETTE HARRIS - EVANS (ACTING)		
Street Address 214 PARK HOLM			Street Address 240 PARK HOLM		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name CATHERINE WHITMIRE			Director Name CHRISTINE PETRARCA		
Street Address 95 PARK HOLM			Street Address 31 C DEBLOIS STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name WALTER K. EVANS SR.			Director Name CAROL A. WILSON		
Street Address 19 D POND AVENUE			Street Address 19 CHAPEL STREET APT # 606		
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 Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED**JUL 02 2018****BY****17201 DS**

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.

Signature of Officer **Yvette M. Harris-Evans** Date **6/22/18**Print or Type Name of Officer
YVETTE M. HARRIS - EVANSTitle of Officer
BOARD PRESIDENT