



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
 STATE OF RI
 JUN 03 2019

Annual Report for the year: **2019**

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.

BY 314

1. Entity ID Number 506763		2. Exact name of the Corporation Newport County Retired Teachers' Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To raise money to provide scholarships to Newport County students			
4. NAICS Code 813920 - Pro...					
6. Principal Office Address 15 Oliver Hazard Perry Rd			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arlene Hicks			Vice-President Name Dennis Velozo		
Street Address 29 Abbey Rd			Street Address 79 "O" Drive		
City Wakefield	State RI	Zip 02879	City Westport	State MA	Zip 02790
Secretary Name Rita Wood			Treasurer Name Linda Becker		
Street Address 47 Brown Terrace			Street Address 15 Oliver Hazard Perry Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Joyce McKale			Director Name Shirley Ripa		
Street Address 55 Brook St			Street Address 69 Bay Ridge Dr		
City Barrington	State RI	Zip 02806	City Middletown	State RI	Zip 02842
Director Name Victoria Johnson			Director Name Peg Bugara		
Street Address 487 Union St			Street Address 36 Wild Cherry Dr		
City Portsmouth	State RI	Zip 02871	City Little Compton	State RI	Zip 02837
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.					
<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 Linda K. Becker				Date 6/1/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov