



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

Annual Report for the year:  
Non-Profit Corporation

2019

STA. 1.  
FILED

JUN 14 2019

- 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 000026148		2. Exact name of the Corporation ALLIANCE FRANÇAISE OF NEWPORT <del>BY RI</del> <u>00905</u>	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROMOTING FRENCH LANGUAGE AND CULTURE	
4 NAICS Code 011630			
6. Principal Office Address PO Box 361		City NEWPORT	State RI
		Zip 02840	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MARY-GAIL SMITH		Vice-President Name JEAN MICHEL VIENNE	
Street Address 17 Periwinkle Drive		Street Address 103 N CHAMPLIN PLACE	
City Green Hill	State RI	City NEWPORT	State RI
Zip 02879		Zip 02840	
Secretary Name SANDRA SHAW		Treasurer Name VERA REID	
Street Address 29 CRESTWOOD DRIVE		Street Address 27 CONCORD DRIVE	
City NARRAGANSETT	State RI	City MIDDLETOWN	State RI
Zip 02882		Zip 02842	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name PETER BAYLOR		Director Name MARJORIE COGAR	
Street Address 44 PELHAM STREET		Street Address 21 MT VERNON ST, #2	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
Director Name MARIA MARTINEAU		Director Name DEAN DE LA MOTTE	
Street Address 133 NEWPORT AVE		Street Address 37 WEBSTER STREET	
City MIDDLETOWN	State RI	City NEWPORT	State RI
Zip 02842		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 VERA B REID			Date JUNE 1, 2019
Signature of Officer/Authorized Representative Vera B Reid			SIGN DOCUMENT HERE

2018 - 2019 Officers & Conseil Members (Directors)

**Officers**

Mary-Gail Smith	17 Periwinkle Drive	Green Hill	02879
Michel Vienne	103 N Champlin Place	Newport	02840
Sandra Shaw	29 Crestwood Drive	Narragansett	02882
Smidgie Reid	27 Concord Drive	Middletown	02842

**Directors**

Peter Nils Baylor	44 Pelham Street	Newport	02840
Marjorie Cogar	21 Mt. Vernon #2	Newport	02840
Dean de la Motte	37 Webster street, Apt 2	Newport	02840
Nancy Jamison	38 Bellevue Ave, Ste H	Newport	02840
Maria Martineau	133 Newport Ave	Middletown	02842
John Larned	9 Everett Street	Newport	02840
Jane M. Walsh	32 Second Street	Newport	02840
Julie Anne Warburg	38 Everett Street	Newport	02840

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BY

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