



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

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.

FILED

JUL 01 2019

BY 1389 DS

1. Entity ID Number 000117285		2. Exact name of the Corporation Newport County Inns and Bed & Breakfast Ass'n, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To foster, encourage, and assist the promotion and marketing of the inn and bed and breakfast lodging industry in Newport County			
4. NAICS Code 813910 - Business Assoc.					
6. Principal Office Address 33 Farewell Street			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 Philemon Hadley			Vice-President Name Joanna Salvo		
Street Address 503 Spring Street			Street Address 37 Marsh Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Mary Fitzgerald			Treasurer Name Don Jursek		
Street Address 8 Binney Street			Street Address 12 Clay Street		
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 Philemon Hadley			Director Name Joanna Salvo		
Street Address 503 Spring Street			Street Address 8 Marsh Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Mary Fitzgerald			Director Name Don Jursek		
Street Address 8 Binney Street			Street Address 12 Clay Street		
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Rebecca McSweeney, Attorney and Registered Agent				Date 6/27/19	
Signature of Officer/Authorized Representative <i>Rebecca McSweeney</i>				SIGN DOCUMENT HERE	