

Re-Submitted Per Instructions
Dtd 6-11-19



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

Annual Report for the year: 2019
Non-Profit Corporation

FILED

JUL 05 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 583 OS

1. Entity ID Number 118283		2. Exact name of the Corporation NEWPORT IRISH HERITAGE ASSOCIATION INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL & CULTURAL ORGANIZATION CONTRIBUTIONS TO THE IRISH IN AMERICA AND THE WORLD			
4. NAICS Code 813990					
6. Principal Office Address 32 GRAFTON ST			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 DONAL LEHANE			Vice-President Name RICHARD W. KELLY		
Street Address 13 EASTNOR ROAD			Street Address 32 GRAFTON ST		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name RICHARD O'NEILL			Treasurer Name THOMAS J O'MALLEY		
Street Address 11 GARFIELD ST			Street Address 46 WEBSTER ST		
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 KATHLEEN CREANEY			Director Name JONATHAN R HARLEY		
Street Address PO BOX 4416			Street Address 9 WHITE TERRACE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name JAMES R MAHONEY			Director Name ELIZABETH A MAHONEY		
Street Address 47 MC CORMICK ROAD			Street Address 47 MC CORMICK ROAD		
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 THOMAS J O'MALLEY					Date 06-30-19
Signature of Officer/Authorized Representative <i>Thomas J O'Malley</i> SIGNATURE HERE					