



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

Re-Submitted Per Instructions
DATE 6-11-19

Annual Report for the year:
Non-Profit Corporation

2019

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	City NEWPORT	State RI
Zip 02840		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	City NEWPORT	State RI
Zip 02840		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	City MIDDLETOWN	State RI
Zip 02842		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	City NEWPORT	State RI
Zip 02840		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 THOMAS J O'MALLEY			Date 06-30-19
Signature of Officer/Authorized Representative Thomas J O'Malley <small>SEE DOCUMENT HERE</small>			