



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

Annual Report for the year: **2020**

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 JUL - 8 AM 8:59

1. Entity ID Number <b>87065</b>		2. Exact name of the Corporation <b>Newport County Development Council</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Exclusively for charitable educational and scientific purposes</b>			
4. NAICS Code <b>813910 - Business Associat</b>					
6. Principal Office Address <b>513 Broadway</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bonnie Gomes</b>			Vice-President Name <b>Joseph Pratt</b>		
Street Address <b>23 JT Connell Highway</b>			Street Address <b>95 Church Street</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Steve Senteio</b>			Treasurer Name <b>Adam Thayer</b>		
Street Address <b>790 Aquidneck Avenue</b>			Street Address <b>130 Bellevue Avenue, Ste. 1</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name			Director Name <b>Bonnie</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Bonnie Gomes</b>				Date <b>7-2-2020</b>	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

**FILED**

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**SECTION 8 OF ANNUAL REPORT**

**Directors:**

Bonnie Gomes	23 JT Connell Highway. Newport, RI 02840 USA
Joseph Pratt	95 Church Street Newport, RI 02840 USA
Steve Senteio	790 Aquidneck Avenue Middletown, RI 02842 USA
Adam Thayer	130 Bellevue Avenue, Ste. 1 Newport, RI 02840 USA
Deborah Proffitt	88 Silva Lane Middletown, RI 02842
Laurie Stroll	221 Third Street, Ste. 201 Newport, RI 02840 USA
Glenn Almquist	33 Broad Street, Fl. 7 Providence, RI 02903 USA
Cristina M. Offenber	1100 Aquidneck Avenue Middletown, RI 02842 USA
Erin Donovan-Boyle	513 Broadway Newport, RI 02840 USA