RI SOS Filing Number: 202046470560 Date: 7/23/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:
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.

JUL **2 3** 20**20**

BY 90 05

 -		<u> </u>				
1. Entity ID Number 000117285	2. Exact name of the Corporation Newport County Inns and Bed & Breakfast Ass'n, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To foster, encourage, and assist the promotion and marketing of the inn and bed and					
4. NAICS Code	breakfast lodging indurstry in Newport County					
6. Principal Office Address			City	State	Zip	
813910			Newport	RI	02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachm						
President Name Michael Orzal			Vice-President Name Joanna Salvo			
Street Address 14 Union Street			Street Address 37 Marsh Street			
City Jamestown	State RI	Zip 02835	City Newport	State RI	^{Zip} 02840	
Secretary Name Heidi Soares			Treasurer Name Don Jursek			
Street Address 503 Spring 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						
Director Name Heidi Soares			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 Michael Orzal			Director Name Don Jursek			
Street Address 14 Union Street			Street Address 12 Clay Street			
^{City} Jamestown	State RI	^{Zip} 02835	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.						
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 Rebecca McSweeney, Attorney and Registered Agent				Date 7/13/20		
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov