



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 110875		2. Name of Corporation The Newport Twinning Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 10 Bull St.		City Newport	Zip 02840
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE AND ENCOURAGE THE RELATIONSHIP BETWEEN THE CITY OF NEWPORT AND OTHER CITIES AROUND THE WORLD AND THE FACILITATION OF TWINNING OR SISTER CITY AGREEMENTS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID KERINS			Vice President Name Joseph Brady		
Street Address 10 Bull St.			Street Address 10 Halsey St		
City Newport	State R.I	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name DAVID KERINS			Treasurer Name TEREMIAH L. HARRINGTON		
Street Address 10 Bull St			Street Address 210 Bellevue Ave.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name DAVID KERINS			Director Name TEREMIAH L. HARRINGTON		
Street Address 10 Bull St			Street Address 210 Bellevue Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Joseph Brady			Director Name		
Street Address 10 Halsey St			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name DAVID P. KERINS			Address 10 Bull St. Newport RI 02840		
Address TEN BULL STREET			City NEWPORT	Zip 02840	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



110875

File Date	7/28/05
Check No.	155
By	DA
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer **DAVID P. KERINS** Date **6/8/05**
Print or Type Name of Officer
Title of Officer **President**



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110875		2. Name of Corporation The Newport Twinning Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 10 Bull Street		City Newport	Zip 02840
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE AND ENCOURAGE THE RELATIONSHIP BETWEEN THE CITY OF NEWPORT AND OTHER CITIES AROUND THE WORLD AND THE FACILITATION OF TWINNING OR SISTER CITY AGREEMENTS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID KERINS			Vice President Name Joseph Brady.		
Street Address 10 Bull St.			Street Address 10 Halsey St.		
City Newport	State RI	Zip 02840	City Newport	State R.I.	Zip 02840
Secretary Name DAVID KERINS			Treasurer Name Jeremiah Harrington		
Street Address 10 Bull St			Street Address 123 Bellevue Ave.		
City Newport	State R.I.	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name DAVID KERINS			Director Name Joseph Brady		
Street Address 10 Bull St			Street Address 10 Halsey St.		
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
Director Name Jeremiah Harrington			Director Name		
Street Address 123 Bellevue Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name DAVID P. KERINS			Address		
Address TEN BULL STREET			City NEWPORT	Zip 02840	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 8 7 5 *

File Date 6/14/04
Check No. 7087
By: W.

FOR SECRETARY OF STATE USE ONLY

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.

David P. Kerins 6/11/04
Signature of Officer Date
DAVID P. KERINS
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110875
2. Name of Corporation The Newport Twinning Association
3. State of Incorporation RHODE ISLAND
4. Corporate address in Rhode Island - Street Address 10 Bull St City Newport Zip 02840
5. Foreign corporation. Enter principal office address City State Zip R I

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.
TO PROMOTE AND ENCOURAGE THE RELATIONSHIP BETWEEN THE CITY OF NEWPORT AND OTHER CITIES AROUND THE WORLD AND THE FACILITATION OF TWINNING OR SISTER CITY AGREEMENTS.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
DAVID KERINS	Joseph Brady
Street Address 10 Bull St	Street Address 10 Halsey St
City Newport State RI Zip 02840	City Newport State RI Zip 02840
Secretary Name DAVID KERINS	Treasurer Name Jeremiah L. Harrington
Street Address 10 Bull St	Street Address 123 Bellevue Ave
City Newport State RI Zip 02840	City Newport State RI Zip 02840

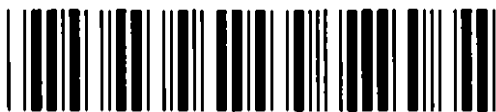
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN THE SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
DAVID KERINS	Joseph Brady
Street Address 10 Bull St	Street Address 10 Halsey St
City Newport State RI Zip 02840	City Newport State RI Zip 02840
Director Name Jeremiah L. Harrington	
Street Address 123 Bellevue Ave	
City Newport State RI Zip 02840	

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
DAVID P. KERINS	10 Bull St
Address TEN BULL STREET	CITY NEWPORT ZIP 02840

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 8 7 5 *

File Date 7-11-03
Check No. 6891
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 7/9/03
Print or Type Name of Officer DAVID P. KERINS
Title of Officer President
Form 631 Rev. 6/02

Filing Fee: \$20.00

To be filed annually during
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-110875

Annual Report for the year 2002

- The name of the corporation is The Newport Twinning Association
- The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
- The address of the registered office of the corporation in this state is TEN BULL STREET NEWPORT, RI 02840-
and the name of its registered agent in this state at that address is DAVID P. KERINS
- The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is to promote
exchange of commerce and ^{cultural} exchange with Ireland.
- If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
- Corporate address in Rhode Island 10 Bull St Newport RI 02840
- Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME	OFFICE	ADDRESS
<u>DAVID KERINS</u>	Director	<u>10 Bull St. Newport RI 02840</u>
<u>Joseph Brody</u>	Director	<u>10 Halsey St Newport RI 02840</u>
<u>Jeremiah HARRINGTON</u>	Director	<u>37 Hammond St. Newport RI 02840</u>
<u>DAVID KERINS</u>	President	<u>10 Bull St Newport RI 02840</u>
<u>Joseph Brody</u>	Vice-President	<u>10 Halsey St Newport RI 02840</u>
<u>Jeremiah HARRINGTON</u>	Secretary	<u>37 HAMMOND St Newport RI 02840</u>
<u>Jeremiah HARRINGTON</u>	Treasurer	<u>" " "</u>

Dated: 7/21/02

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.

The Newport Twinning Association
Exact Name of Corporation

By [Signature]
Title President
(Report must be signed by an officer)

Form No. 631
Revised 5/98

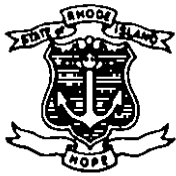


FOR SECRETARY OF STATE USE ONLY

File Date: 7-30-02
Check No.: 6681
By: [Signature]

Filing Fee: \$20.00

To be filed annually during
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-110875

Annual Report for the year 2001

1. The name of the corporation is The Newport Twinning Association
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is TEN BULL STREET NEWPORT, RI 02840
and the name of its registered agent in this state at that address is DAVID P. KERINS
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is establishing
cultural and economic exchange programs with sister cities of the City of Newport, RI.
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is N/A
6. Corporate address in Rhode Island Ten Bull Street, Newport, RI 02840.
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
David Kerins	Director	Ten Bull Street, Newport, RI 02840
Joseph Brady	Director	Ten Halsey Street, Newport, RI 02840
Jeremiah Harrington	Director	210 Bellevue Avenue, Newport, RI 02840
David Kerins	President	Ten Bull Street, Newport, RI 02840
Joseph Brady	Vice-President	Ten Halsey Street, Newport, RI 02840
Jeremiah Harrington	Secretary	210 Bellevue Avenue, Newport, RI 02840
Jeremiah Harrington	Treasurer	210 Bellevue Avenue, Newport, RI 02840

Dated: _____

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.



* 1 1 0 8 7 5 *

The Newport Twinning Association

Exact Name of Corporation

By [Signature]

Title President

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: 6-13-01

Check No.: 6378

By: [Signature]

Form No. 631
Revised 5/98