

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 2005

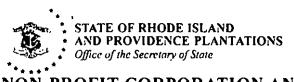
Filing Period: June 1 - June 30 Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 126875 Rebuilding Together Greater Newport, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island -Street Address Żφ RHODE ISLAND 130 Bellevue Avenue, Unit 2 Newport RI 5. Foreign corporation: Enter principal office address State City Zio 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Sponsor Volunteer Projects to Repairt the Homes of Poor, Elderly and/or Disabled Persons. 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Susan McCoy Lillian Thompson Street Address Street Address c/o Carey, Richmond & Viking, 49 Bellevue Ave. .Newport Hospital, 11 Friendship Street City State Zip State Zip Newport ₽T 02840 02840 Newport Secretary Name Treasurer Name Judi Smith Helen Sternberg-Powidzki Street Address Street Address Newport Hospital, 11 Friendship Street Newport County Board of Realtors, 26 Valley Rd. Zip City State Zio City State Newport RΙ 02840 Newport RI 02840 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | 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 Director Name Susan McCoy Pauline Moye Street Address Street Address c/o Carey, Richmond & Viking, 49 Bellevue Ave. Florence Gray Ctr., 1 York Street City State State 7ір Zip ·City Newport RI 02840 Newport RI 02840 Director Name Director Name Judi Smith Lillian Thompson Street Address Street Address Newport Hospital, 11 Friendship Street 'Newport Hospital, 11 Friendship Street State City State Zip RI 02840 RI 02840 Newport 'Newport 9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.GL 7-6-13 / 7-6-78 Agent Name Address Peter Brent Regan Sayer Regan Thayer & Flanagan Address City Zip 130 Bellevue Avenue, Suite 2 Newport 02840 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
File Date 8 3 05	and that all statements contained herein are true and correct.
theck No. 1082	Signature of Officer Susan McCoy
OR SECRETARY OF STATE USE ONLY	Prini or Type Name of Officer President
ON SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 640.

Page 2 Corporate ID No.: 126875 Rebuilding Together Greater Newport, Inc. Section 8 Continuation:

Director Name	Street Address	<u>City</u>	State	<u>Zip</u>
Keith MacDonald	R&R Construction, 54 Ellery Road	Newport	RI	02840
Lark D'Helen, Rev.	47 Miantonomi Avenue`	Middletown	RI	02842
Sarah Kelly	Salve Regina University, 100 Ochre Ct.	Newport	RI	02840
Mark Thayer, Esq.	Sayer Regan Thayer & Flanagan 130 Bellevue Avenue, Unit 2	Newport	RI	02840
Helen Sternberg- Powidzki, Esq.	Newport County Board of Realtors 26 Valley Road, Suite 204	Middletown	RI	02842
Beth Driscoll	Newport County Chamber of Commerce	Middletown	RI	02842

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

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Filing Period: June 1 - Ji		•			
FORM MUST BE TYPED OR					
1. Corporate ID No. 126875	2. Name of Cor	•			
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3. State of Incorporation		ddress in Rhode Island -Street Addr		City	Zip
RHODE ISLAND		EVUE AVENUE, UNIT 2		NEWPORT	02840-
5. Foreign corporation: Enter	ргіпсіраї одісе цаа	ress	City	State	Zip
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		which are actually conducted in Ri			
SPONSOR VOLUNTEER I	PROJECTS TO	REPAIR THE HOMES OF P	OOR, ELDERLY AND,	OR DISABLED PERSONS	•
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President Nume	SES OF THE O	FFICERS ("X" ROX FOR ATT	ACHMENI) 🔲 FIEL IN Vice President Name	SPACES BEFORE USING AT	TACHMENTS
Susan McCoy			Lillian Thomp	son	
Street Address			Street Address		
c/o Carey, Richmo	nd & Viking	, 49 Bellevue Ave.	. Newport Hospi	tal, 11 Friendship	Street
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • • •
Judi Smith			Helen Sternbe	erg-Powidzki	
Street Address			Street Address		***************************************
Newport Hospital,	11 Friends	ship Street	Newport Count	y Board of Realton	s, 26 Valley Rd
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
8. NAMES AND ADDRES	SES OF THE D	IRECTORS ("X" BOX FOR A	TACHMENT) T FILL	IN SPACES BEFORE USING.	ATTACHMENTS
		A DOMESTIC (RHODE ISLAND			
Director Name			Director Name		····
Susan McCoy			Pauline Moye		
Sircei Address			Street Address		
c/o Carev. Richmo	nd & Vikin	g, 49 Bellevue Ave.	'Florence Grav	Ctr., 1 York Stre	et
City	State	Zip	•City	State	Zip
Newport	RI	02840	Newport	RI	02840
Director Name			Director Nume		
Judi Smith			Lillian Thomp	son	
Street Address			· Street Address		·
Newport Hospital,	11 Friend:	ship Street	Newport Hospi	ital, 11 Friendship	Street
City	State	Zip	,City	State	Zip
Newport	RI	02840	Newport	RI	02840
9. REGISTERED AGENT	IN RHODE ISL	AND -DO NOT ALTER- Char	iges requiré filing	of Form 641 -R.I.GI, 7-6	-13 / 7-6-78
Agent Nume			Address		
Peter Brent Regan			Sayer Regan Tha	iyer & Flanagan	
Address	· · · · · · · · · · · · · · · · · · ·		City	Zip	
130 Bellevue Avenue,	Linit 2		Newport	028	40
			<u> </u>		
This report must be sign	e <mark>d in ink</mark> by ei	ther the President, Vice Pr	esident, Secretary, A.	ssistant Secretary, Treasi	irer, Receiver or Truste
81 H818 H9					
1 2	6875			perjury, I declare and affirm	
	F-F			ding any accompanying sched	
*126875 DNP 06.2949	3:11 PM	r• .	and that all states	ments contained herein are tru	e and correct.
File Date			Augan.	X/ ////	13-NG
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4 2004 	-	Signature of Office	- 14 -1 MC 1009	U VJ U7
Check No	λ			<i>n</i>	zuič
By \\\	77 (4)	<u>7</u> 0	Susan McCoy Print or Type Name of Officer Print On Type Name of Officer		
Ву:					
FOR SECRETARY OF STATE	F USE ONLY	_	Presider	ll	
	C OUC ONLI		Title of Officer		Form 631 Rev. 6/0

Page 2

Corporate ID No.: 126875
Rebuilding Together Greater Newport, Inc.
Section 8 Continuation:

Director Name	Street Address	<u>City</u>	<u>State</u>	<u> Zip</u>
Keith MacDonald	R&R Construction, 54 Ellery Road	Newport	RI	02840
Lark D'Helen, Rev.	47 Miantonomi Avenue`	Middletown	RI	02842
Mary Sokolowski	Salve Regina University, 100 Ochre Ct.	Newport	RI	02840
Mark Thayer, Esq.	Sayer Regan Thayer & Flanagan 130 Bellevue Avenue, Unit 2	Newport	RI	02840
Helen Sternberg- Powidzki, Esq.	Newport County Board of Realtors 26 Valley Road, Suite 204	Middletown	RI	02842



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

Office of the Se	reretary of State				401,222,3040
NON-PROFIT C	ORPORATI	ON ANNUAL F	REPORT FOR	THE YEAR	2003
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. Corporate ID No.	2. Name of Corporate	on			
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State of Incorporation		in Rhode Island - Street Addre	35	City	Zip
RHODE ISLAND	130 Bellevu	ie Avenue, Unit 2		Newport	02840
Foreign corporation. Enter pr	incipal office address		City	State	Zip
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SPONSOR VOLUNTEER F	-	•		SABLED PERSONS.	
. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SP	CES BEFORE USING AT	TACHMENTS
resident Name Susan McCoy			Vice President Name Chris Synnott		
c/o Carey, Richmo	nd & Viking,	49 Bellevue Ave.	Street Address Farrar & Assoc	iates, 56 Bridge	Street
Newport	State P. I	02840	<i>Cir</i> Newport	State RI	02840
Secretary Name Judi Smith		Treasurer Name Helen Sternberg-Powidzki			
Newport Hospital, ll Friendship Street		Street Address Newport County Board of Realtors, 26 Valley Rd.			
Ciny Newport	State RI	Zip 02840	Ciry Middletown	State RI	7 <i>ip</i> 02842
3. NAMES AND ADDRESSES THE NUMBER OF DIREC				HE SPACES BEFORE USI NOT BE LESS THAN TH	
Director Name Susan McCoy			Director Name Pauline Moye		
irres Address c/o Carey, Richmon	nd & Viking;	49 Bellevue Ave.	Street Address Florence Gray	Ctr., 1 York Str	eet
Newport Newport	SKY	^{Zi} 02840	Newport	Siege	^{Zi} 02840
Diffile North		DCTiff180 Synnott			
Newport Hospital, ll Friendship Street		Surfaction Associates, 56 Bridge Street			
iry Newport	State RI	^{Zip} 02840	Cio Newport	Signe K1	^{Zi} δ2840
. REGISTERED AGENT IN	RHODE ISLAND -	DO NOT ALTER - Change	s require filing of For	m 641 - R.I.G.L. 7-6-13 / 7-	6-78
gent Name			Address		
PETER BRENT REGAN			<u> </u>		
			T .	··	

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

NEWPORT

	* 1 2 6 8 7 5 *
File Date	FILED
Check No	JUL 0 2 2003
Ву	By 1015600
FOR SECR	ETARY OF STATE USE ONLY

130 BELLEVUE AVENUE, UNIT 2

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 H. McCory

7-01-03

Susan McCoy

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02

Page 2

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