RI SOS Filing Number: 202194811440 Date: 3/22/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAR 22 2021

BY 02021

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.

1. Entity ID Number	2. Exact name of the Corporation
000031060	Seamen's Church Institute of Newport
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Non-profit civic and social organization
4. NAICS Code: 624190 - Other Individual and	

6. Principal Office Address	City	State	Zip
18 Market Square	Newport	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jeffrey Shaw			Vice-President Name: none		
Street Address: 686 Cushing Road			Street Address:		
City: Exeter	State: RI	Zip: 02822	City:	State:	Zip:
Secretary Name: Deborah Penn			Treasurer Name: Monika Miller		
Street Address: 15 Hammersmith Rd #27			Street Address: 2 Wilbur Ave		
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: David C. Brown			Director Name: David Gove		
Street Address: 81 Morrison Ave			Street Address: 135 Rhode Island Ave		
City: Middletown	State: RI 20842	Zip:	City: Newport	State: RI	Zip: 02840
Director Name: Susan Daly			Director Name: Patrick Muldoon		
Street Address: 360 Gibbs Ave #7			Street Address: One Laurel Lane		
City: Newport	State: RI	Zip: 02840	City: Jamestown	State: RI	Zip: 02840

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Ann C. Souder, Executive Director	3/4/2021

Signature of Officer/Authorized Representative: Ann C. Souder

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020