



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

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

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1. Entity ID Number 000127898		2. Exact name of the Corporation Newport Saint Patrick's Day Parade Committee Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To support and benefit an annual parade to honor Saint Patrick the Catholic Patron Saint of Ireland in the City of Newport, RI.			
4. NAICS Code 711310					
6. Principal Office Address 34 Norman Street		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dennis P. Sullivan			Vice-President Name		
Street Address 34 Norman Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name David K. Downes			Treasurer Name Daniel P. Titus		
Street Address 16 Sylvan Street			Street Address 383 Paradise Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Dennis P. Sullivan			Director Name Daniel P. Titus		
Street Address 34 Norman Street			Street Address 383 Paradise Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name David K. Downes			Director Name		
Street Address 16 Sylvan Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
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 Dennis P Sullivan					Date 6-2-21
Signature of Officer/Authorized Representative <i>Dennis P Sullivan</i>					

FILED

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

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FORM 631 - Revised: 08/2020