



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001658658

2. Name of Corporation Newport Partnership for Families

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 31 JOHN CLARKE ROAD
City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 969 WEST MAIN RD #4504
City or Town: MIDDLETOWN State: RI Zip: 02842 Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO DEVELOP AND MAINTAIN A COORDINATED NETWORK OF COLLABORATING PARTNERS THAT MEASURABLY STRENGTHEN FAMILIES AND ENHANCE THE QUALITY OF LIFE IN THE CITY OF NEWPORT

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island

Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH TOMCHAK	1 ROGERS LANE BRISTOL, RI 02809 USA
TREASURER	CHRISTOPHER HOWLAND	160 HAMILTON AVENUE JAMESTOWN, RI 02835 USA
SECRETARY	KELLY LEE	21 EVERGREEN COURT CRANSTON, RI 02907 USA
CEO	KATHLEEN M BURKE	42 SHADOW FARM WAY WAKEFIELD, RI 02879 USA
VICE PRESIDENT	MARY ALICE SMITH	339 GIBBS AVENUE #3 NEWPORT, RI 02840 USA
DIRECTOR	JEFFREY GAINES	8 HONEYSUCKLE CT BARRINGTON, RI 02806 USA
DIRECTOR	ELLEN PINNOCK	220 MAPLE STREET #2 NEWPORT, RI 02840 USA
DIRECTOR	PHYLLIS MULLIGAN	200 PARK HOLM NEWPORT, RI 02840 USA
DIRECTOR	KELLY POWERS	104 RIVER RUN RD MIDDLETOWN, RI 02842 USA
DIRECTOR	MICHAEL PEREZ	969 WEST MAIN RD #4504 MIDDLETOWN, RI 02842 USA
DIRECTOR	REBEKAH ROSEN-GOMEZ	22 MAST STREET JAMESTOWN, RI 02835 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SHARON K. CARTER 109 OLD FORT ROAD NEWPORT , RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of June, 2021 at 2:22:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KATHLEEN M. BURKE
Signature of Authorized Person

Form No. 631
Revised 09/07