



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>1702529</u>		2. Exact name of the Corporation <u>Newport In Bloom</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To enhance the City of Newport through the planting of Gardens + Flowers</u>	
5. Principal office address <u>20 School St.</u>		City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Kiki McMahon</u>		Vice-President Name <u>Joan Jacobs</u>	
Street Address <u>20 School St.</u>		Street Address <u>57 KINGSTON AVE.</u>	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Secretary Name		Treasurer Name <u>SHELLEY KRAMAN</u>	
Street Address		Street Address <u>9 Circle Dr.</u>	
City	State	Zip	City <u>Middletown</u> State <u>RI</u> Zip <u>02842</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Kiki McMahon</u>		Director Name <u>Joan Jacobs</u>	
Street Address <u>20 School St.</u>		Street Address <u>57 Kingston Ave.</u>	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Director Name <u>SHELLEY KRAMAN</u>		Director Name	
Street Address		Street Address <u>9 Circle Dr.</u>	
City	State	Zip	City <u>Middletown</u> State <u>RI</u> Zip <u>02842</u>
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

**FILED**

File Date JUN 09 2021

Check No \_\_\_\_\_  
 By: SSY

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.

Kiki McMahon, President  
 Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Kiki McMahon  
 Printer Type Name of Officer \_\_\_\_\_

President  
 Title of Officer \_\_\_\_\_