



RI SOS Filing Number: 202198464840 Date: 6/17/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

JUN 17 2021

2390

1. Entity ID Number 000027472		2. Exact name of the Corporation NEWPORT COUNTY SALTWATER FISHING CLUB, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROMOTION OF SALTWATER SPORT FISHING IN NEWPORT COUNTY AND RI	
4. NAICS Code 713990			
6. Principal Office Address P.O. BOX 2		City NEWPORT	State RI Zip 02840
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name DENNIS ZAMBROTTA		Vice-President Name EDWARD BABINSKI	
Street Address 12 FLORENCE AVE		Street Address 9 HARVEY ROAD	
City NEWPORT	State RI	City MIDDELTOWN	State RI Zip 02842
Secretary Name TIMOTHY LYNCH		Treasurer Name JOHN S. POPE	
Street Address 21 GILROY STREET		Street Address 6 CANONCHET DRIVE	
City NEWPORT	State RI	City PORTSMOUTH	State RI Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANK BRYER		Director Name MICHAEL SHEPHERD	
Street Address 20 EASTNOR ROAD		Street Address 52 CHASTELLUX AVE.	
City NEWPORT	State RI	City NEWPORT	State RI Zip 02840
Director Name GEOFFREY GLAEGER		Director Name	
Street Address 81 BLISS MINE ROAD		Street Address	
City NEWPORT	State RI	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 JOHN S. POPE			Date 6/14/21
Signature of Officer/Authorized Representative John S. Pope			

MAIL TO:
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Website: www.sos.ri.gov