



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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1. Entity ID Number 1680653		2. Exact name of the Corporation Newport Lions Charitable Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable organization serving the needs of the community			
4. NAICS Code 813319 - Other Social Advocacy (
6. Principal Office Address PO Box 695			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 David Dittmann			Vice-President Name Patricia Morrissette		
Street Address 44 Ocean View Drive			Street Address 35 Bliss Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Patricia Morrissette			Treasurer Name Helen Steeves		
Street Address 35 Bliss Road			Street Address 1302 West Main Road		
City Middletown	State RI	Zip 02842	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 Dr. Martin Cohen			Director Name Paul Tobak		
Street Address 49 Kay Street			Street Address PO Box 125		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Gail Silechnik			Director Name Tara D'Angelo		
Street Address 1037 Green End Avenue			Street Address 8-11 Admiralty Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Helen T. Steeves				Date 6/23/2021	
Signature of Officer/Authorized Representative <i>Helen T. Steeves</i>					

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