

**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: February 1 - May 1

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: 2023**1. Corporate ID No.** 000097625**2. Name of Corporation** ARTILLERY COMPANY OF NEWPORT**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

813319**4. Principal Office Address**No. and Street: 23 CLARKE STREETCity or Town: NEWPORTState: RIZip: 02840Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE FEBRUARY SESSION OF 1741. TO MAINTAIN OUR ARMORY AND MUSEUM AS A MEMBER OF RI HISTORIC COMMANDS I

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
TREASURER	CORINNE AGNES EDENBACH	160 CROMWELL DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	ROBERT BEEBE	16 POTTER ST NEWPORT , RI 02840 US
DIRECTOR	WILLIAM FARRELL	7 POPLAR ST NEWPORT , RI 2840 US
DIRECTOR	ROBERT EDENBACH	160 CROMWELL DRIVE PORTSMOUTH , RI 02871 US

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

ROBERT S. EDENBACH 23 CLARKE STREET 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 25 Day of January, 2023 at 5:39:05 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 CORINNE A EDENBACH
Signature of Authorized Person

Form No. 631
Revised 09/07

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