



**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.** 001698670

**2. Name of Corporation** FRIENDS OF NEWPORT SKATEPARK

**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: 36 WASHINGTON SQUARE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

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

THE CORPORATION IS CONSTITUTED FOR THE PURPOSE OF PROMOTING, FACILITATING, DESIGNING, SUPPORTING, ADVOCATING FOR AND FUNDRAISING FOR THE DESIGN, DEVELOPMENT AND THE BUILDING OF A PUBLIC SKATE PARK IN THE CITY OF NEWPORT, COUNTY OF RHODE ISLAND, STATE OF RHODE ISLAND, DEDICATED EXCLUSIVELY TO CHARITABLE AND BENEVOLENT PURPOSES AS SET FORTH IN SECTION 7-6-4 OF THE RHODE ISLAND GENERAL LAWS AND IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SHALL HAVE ALL THE POWERS AND AUTHORITY PURSUANT TO THE PROVISIONS OF THE RHODE ISLAND

NON-PROFIT CORPORATION ACT.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL J RICHARDS	36 WASHINGTON SQ NEWPORT, RI 02840 USA
DIRECTOR	STEPHEN ABBRUZZI	6 THURSTON AVENUE NEWPORT, RI 02840 USA
DIRECTOR	DANIELLE ABBRUZZI	6 THURSTON AVENUE NEWPORT, RI 02840 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**

MICHAEL J RICHARDS 36 WASHINGTON SQUARE 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 31 Day of January, 2023 at 8:47:10 AM 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 /S/MICHAEL J. RICHARDS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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