



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

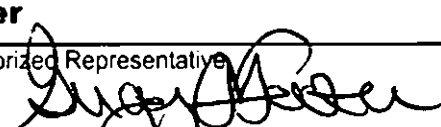
- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 15 2023

BY

21336  
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1. Entity ID Number 115513		2. Exact name of the Corporation Newport Gulls, Ltd			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to operate a non profit collegiate baseball team			
4. NAICS Code 713990					
6. Principal Office Address 55 Memorial Blvd			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Charles Paiva			Vice-President Name Christopher Patsos & Mark Horan		
Street Address 164 Meadow Lane			Street Address 12 Paradise Ave./336 Gibbs Ave		
City Middletown	State RI	Zip 02842	City Middletown/Newport	State RI/RI	Zip 02842
Secretary Name Gregory F. Fater			Treasurer Name Ronald Westmoreland		
Street Address 55 Memorial Blvd			Street Address 4 Halcyon Farm Rd		
City Newport	State RI	Zip 02840	City Lakeville	State MA	Zip 02347
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Charles Paiva			Director Name Mark Horan		
Street Address 164 Meadow Lane			Street Address 336 Gibbs Ave		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02842
Director Name Christopher Patsos			Director Name		
Street Address 12 Paradise Ave			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Gregory F. Fater</b>					Date 5/11/23
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov