



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

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.

RECEIVED  
R.I. DEPT. OF STATE -  
BUS SVCS DIV

2023 MAY 17 PM 1:04

1. Entity ID Number 001723242		2. Exact name of the Corporation NEWPORT YOGIS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provides donstion based yoga events for local individules, families, and other non-profit organizations.			
4. NAICS Code 813219					
6. Principal Office Address 244 Purgatory Road			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Gregory Angel			Vice-President Name		
Street Address 244 Purgatory Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Gregory Angel			Director Name Liz Dufresne		
Street Address 244 Purgatory Road			Street Address 47 Wood Ave Suite 2		
City Middletown	State RI	Zip 02842	City Barrington	State RI	Zip 02806
Director Name Sara McBride			Director Name		
Street Address 2 Aryault Street			Street Address		
City Newport	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.					
<i>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>					
<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 Angel</b>					Date <b>16 May 2023</b>
Signature of Officer/Authorized Representative 					<b>FILED</b>
					<b>MAY 17 2023</b>

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

BY VKEK8 105