



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 26 2023

EY 1083

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.

1. Entity ID Number 1688653		2. Exact name of the Corporation Newport Lions Charitable Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable organization serving the needs of the community. 501(c)3			
4. NAICS Code 813319 - Other Social Ad					
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 Dr. Martin Cohen		
Street Address 44 Ocean View Drive			Street Address 49 Kay Street		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Secretary Name Helen Steeves			Treasurer Name Helen Steeves		
Street Address 1302 West Main Road			Street Address 1302 West Main Road		
City Portsmouth	State RI	Zip 02871	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 9 Vaughn Street		
City Middletown	State RI	Zip 02842	City Greenville	State RI	Zip 02828
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Helen T. Steeves				Date 05/18/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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