



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001724965

2. Name of Corporation Newport County YANA Club

3. State of Incorporation

State: RI

NAICS CODE

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

624190

4. Principal Office Address

No. and Street: 770 AQUIDNECK AVENUE

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

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

1. TO FURNISH MEETING FACILITIES FOR ALCOHOLICS ANONYMOUS, AL ANON AND SIMILAR GROUPS HELPING PEOPLE WITH ADDICTIVE DISORDERS. 2. TO ASSIST PERSONS SUFFERING FROM ALCOHOLISM AND OTHER ADDICTIVE DISORDERS TO ACHIEVE AND RETAIN SOBRIETY OR REFRAIN FROM USE OF ADDICTIVE SUBSTANCES. 3. TO ENCOURAGE THE GROWTH AND DEVELOPMENT OF THE PROGRAM OF ALCOHOLICS ANONYMOUS, AL ANON AND SIMILAR GROUPS HELPING PEOPLE WITH ADDICTIVE DISORDERS

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
PRESIDENT	DAVID G. HOWE	244 EAST SHORE ROAD JAMESTOWN, RI 02835 USA
TREASURER	DOUGLAS R. FAULDS	7 MIZZEN AVE JAMESTOWN, RI 02835 USA
SECRETARY	KEN BOWLING	161 KNOLLWOOD CIRCLE NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	LISA GRANDE	70 HARVEST DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	EDWIN M CORDIN	54 WILLIAM ST PORTSMOUTH, RI 02871 USA
DIRECTOR	JOHN P COLLINS	65 PRAIRIE AVE NEWPORT, RI 02840 USA
DIRECTOR	KELLY ARMITAGE	31 HOMESTEAD PLACE MIDDLETOWN, RI 02842 USA
DIRECTOR	DIANE PERRY	13 GARFIELD STREET NEWPORT, RI 02840 USA
DIRECTOR	MARY M. MCQUAIDE	29 SHERWOOD ROAD MIDDLETOWN, RI 02842 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

DOUGLAS R. FAULDS 7 MIZZEN AVENUE JAMESTOWN , RI 02835

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, 2024 at 10:33:51 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 DOUGLAS FAULDS
Signature of Authorized Person

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