



**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. 000031060

2. Name of Corporation Seamen's Church Institute of Newport

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: 18 MARKET SQUARE

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

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

TO OPERATE AS A HAVEN FOR SEAFARERS AND TO OFFER PERSONS AFFILIATED WITH SEAFARING ACTIVITIES

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	TOM GIBSON	157 HARRISON AVE #8 NEWPORT, RI 02840 USA
TREASURER	PAUL HARDEN	222 COGGESHALL NEWPORT, RI 02840 USA
SECRETARY	TRACY SHEA	PO BOX 8375 NEWPORT, RI 02840 USA
DIRECTOR	DAVID BROWN	81 MORRISON AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	SUSAN DALY	360 GIBBS AVE #7 NEWPORT, RI 02840 USA
DIRECTOR	ANNIE BECKER	113 WELLINGTON AVE 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**

ANN SOUDER 18 MARKET 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 1 Day of February, 2024 at 9:00:20 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 ANN SOUDER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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