State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 26 2024
2457 RI

→ 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	2. Exact name of the Corporation
000027578	KIWANIS CLUB OF NEWPORT, INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: WE ARE A CIVIC SERVICE ORGANIZATION WHOSE PURPOSE IS TO SERVE OUR COMMUNITY AND ACIVELY MAKE A POSITIVE DIFFERENCE IN NEWPORT, ON AQUIDNECK ISLAND, IN OUR NEW ENGLAND REGION, AND THE WORLD.
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
181 BELLEVUE AVE, BOX 434	NEWPORT	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KATHLEEN RENDOS	JOHN ALOFSIN
Street Address: 460 BRAMANS LANE	Street Address: 23 DAMON STREET
City: PORTSMOUTH, State: RI, Zip: 02871	City: NEWPORT, State: RI, Zip: 02840
Secretary Name	**Treasurer Name**
ERIN DOLLARD	JOHN POPE
Street Address: 23 MANN AVE, APT 2	Street Address: 6 CANONCHET DRIVE
City: NEWPORT, State: RI, Zip: 02840	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 ☐

Director Name	Director Name
TONY CERCENA	KATHERINE PERROTTI
Street Address: 66 GIRARD AVE	Street Address: 16 RUSSELL AVE
City: NEWPORT, State: RI, Zip: 02840	City: NEWPORT, State: RI, Zip: 02840
Director Name	**Director Name**
ORLANDO PEACE	KAREN REZENDES DURHAOGAN
Street Address: 179 BLISS ROAD	Street Address: 193 CROMWELL DRIVE
City: MIDDLETOWN, State: RI, Zip: 02842	City: PORTSMOUTH, State: RI, Zip: 02871

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	Date
JOHN S. POPE	2/18/24

Signature of Officer/Authorized Representative: John S. Pope

MAIL TO:
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Website: www.sos.ri.gov