	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S	treet		
	Providence RI 029			
1630	(401) 222-30	40		
Non-Profit Corporation				
Annual Report Filing Period: February 1 - May	/ 1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>		
1. Corporate ID No. <u>0000</u>	36491			
2. Name of Corporation THE NEWPORT BAY CLUB HOMEOWNERS ASSOCIATION, INC.				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kr	e dropdown will	
NAICS Code				
<u>721199</u>				
4. Principal Office Address				
No. and Street: 337 THA	AMES STREET			
City or Town: <u>NEWPO</u>		e: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island	ł	
TIMESHARE HOTEL				
6. Names and Addresses of t	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		ress	
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
1				

SECRETARY	LARRY PHILLIPS	337 THAMES STREET NEWPORT RI, RI 02840-6619 USA	
PRESIDENT	RICK PINCIARO	3 UNION STREET MERRIMAC, MA 01860 USA	
TREASURER	JEFFREY MARLOWE	113 MEMORIAL BLVD, WEST NEWPORT, RI 02840 USA	
VICE PRESIDENT	JOHN TOROK	230 LONG HILL ROAD HILLSBOROUGH, NJ 08844 USA	
DIRECTOR	JOHN TOROK	230 LONG HILL ROAD HILLSBOROUGH, NJ 08844 USA	
DIRECTOR	JEFFREY MARLOWE	113 MEMORIAL BLVD, WEST NEWPORT, RI 02840 USA	
DIRECTOR	LARRY PHILLIPS	337 THAMES STREET NEWPORT RI, RI 02840-6619 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

JAMES A. MUSGRAVE 10 WEYBOSSET STREET, SUITE 800 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of February, 2024 at 10:04:36 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 KEVIN BENTO

Signature of Authorized Person

Form No. 631 Revised 09/07

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