



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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.

FILED

MAR 13 2024

BY

1. Entity ID Number 000141749		2. Exact name of the Corporation Newport Community School			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Newport Community School, in collaboration with local schools and community partners, provides educational opportunities to complement classroom learning and supports academic and personal success			
4. NAICS Code 624110					
6. Principal Office Address 55 Broadway			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 Pam Breves			Vice-President Name		
Street Address 54 Poplar Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Allyson McCalla			Treasurer Name Kevin Hagan		
Street Address 62 Broadway			Street Address 117 Bellevue Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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. Kim Behan			Director Name Stephen L. Hines		
Street Address 15 Wickham Road			Street Address 203 Laurel Ridge Lane		
City Newport	State RI	Zip 02840	City North Kingstown	State RI	Zip 02882
Director Name Michael Ferreira			Director Name Michele Mullowney		
Street Address 21 West Marlborough Street			Street Address 20 Powel Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Robert E. Craven				Date 2/26/24	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov