



**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. 001764488

2. Name of Corporation Newport County Officials Assn - Basketball Division

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

813910

4. Principal Office Address

No. and Street: 143 NARRAGANSETT AVENUE

City or Town: JAMESTOWN

State: RI Zip: 02835 Country: US

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

PROVIDE SPORTS OFFICIALS FOR INTERSCHOLASTIC AND RECREATIONAL
COMPETITION

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
INCORPORATOR	MICHAEL SWISTAK	143 NARRAGANSETT AVE JAMESTOWN, RI 02835 USA
DIRECTOR	JOHN HOLE	25 WEATHERLY AVE NEWPORT, RI 02840 US
DIRECTOR	MICHAEL SWISTAK	143 NARRAGANSETT AVE JAMESTOWN, RI 02835 US
DIRECTOR	PAUL MURPHY	226 RESERVOIR RD 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

MICHAEL SWISTAK 143 NARRAGANSETT 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 17 Day of March, 2024 at 6:03:08 PM 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 MICHAEL SWISTAK
Signature of Authorized Person

Form No. 631
Revised 09/07