



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 23 2024

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.

BY 2/1/24  
GA

1. Entity ID Number <b>000115513</b>		2. Exact name of the Corporation <b>Newport Gulls, Ltd</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>to operate a non profit colegiate baseball team</b>			
4. NAICS Code <b>713990</b>					
6. Principal Office Address <b>55 Memorial Blvd</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles Paiva</b>			Vice-President Name <b>Christopher Patsos &amp; Mark Horan</b>		
Street Address <b>164 Meadow Lane</b>			Street Address <b>12 Paradise Ave/336 Gibbs Ave</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown/Newport</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Gregory F. Fater</b>			Treasurer Name <b>Ronald Westmoreland</b>		
Street Address <b>55 Memorial Blvd</b>			Street Address <b>4 Halcyon Farm Rd</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Lakeville</b>	State <b>MA</b>	Zip <b>02347</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Charles Paiva</b>			Director Name <b>Mark Horan</b>		
Street Address <b>164 Meadow Lane</b>			Street Address <b>336 Gibbs Ave</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Christopher Patsos</b>			Director Name		
Street Address <b>12 Paradise Ave</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Gregory F. Fater</b>					Date <b>4.12.2024</b>
Signature of Officer/Authorized Representative <i>Gregory F. Fater</i>					

**MAIL TO:**  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov