



State of Rhode Island
Department of State - Business Services Division

FILED

AUG 08 2024

Annual Report for the year: 2024
Non-Profit Corporation

BY 1097
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- 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 <u>1688653</u>		2. Exact name of the Corporation <u>Newport Lions Charitable Foundation</u>	
3. State of Incorporation <u>RI</u>		3. Brief description of the character of business conducted in Rhode Island <u>Charitable organization serving the needs of the community</u>	
4. NAICS Code <u>813319 Other</u>			
6. Principal Office Address <u>PO Box 645</u>		City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>David Dittmann</u>		Vice-President Name <u>Dr. Martin Cohen</u>	
Street Address <u>44 Ocean View Drive</u>		Street Address <u>49 Kay Street</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u> Zip <u>02871</u>
Secretary Name <u>Helen T. Steeves</u>		Treasurer Name <u>Helen T. Steeves</u>	
Street Address <u>1302 West Main Road</u>		Street Address <u>1302 West Main Road</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u> Zip <u>02871</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Dr. Martin Cohen</u>		Director Name <u>Paul Tobak</u>	
Street Address <u>49 Kay Street</u>		Street Address <u>P.O. Box 125</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
Director Name <u>Gail Silechnik</u>		Director Name <u>Kara D'Angelo Campa</u>	
Street Address <u>1037 Green End Avenue</u>		Street Address <u>9 Vaughn Street</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Greenville</u>	State <u>RI</u> Zip <u>02828</u>
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 <u>Helen T. Steeves</u>			Date <u>8/5/2024</u>
Signature of Officer/Authorized Representative <u>Helen T. Steeves</u>			

MAIL TO:
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