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.

1. Entity ID Number	2. Exact name of the Corporation
0000320061	THE NEWPORT RESIDENTS COUNCIL, INC
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	TO IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF NEWPORT
4. NAICS Code	
813920	

6. Principal Office Address	City	State	Zip
ONE EISENHOWER ROAD	NEWPORT	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name YVETTE HARRIS-EVANS			**Vice-President Name** VACANT		
Street Address 240 PARK HOLM			**Street Address**		
City NEWPORT	**State** RI	**Zip** 02840	**City**	**State**	**Zip**
Secretary Name CHRISTINE PETRARCA (ACTING)			**Treasurer Name** YVETTE HARRIS-EVANS (ACTING)		
Street Address 31-C DEBLOIS STREET			**Street Address** 240 PARK HOLM		
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 ☐

Director Name CATHERINE WHITMIRE			**Director Name** PHYLLIS MELLEKAS		
Street Address 97 J ROSEDALE AVENUE			**Street Address** 32A EARL AVENUE		
City NEWPORT	**State** RI	**Zip** 02840	**City** NEWPORT	**State** RI	**Zip** 02840
Director Name WALTER K. EVANS SR.			**Director Name** JOHN A. DUARTE		
Street Address 19D POND AVENUE			**Street Address** 24-D CODDINGTON STREET		
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.

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	Date
YVETTE HARRIS-EVANS PRESIDENT	11/15/2024

Signature of Officer/Authorized Representative
Yvette M Harris-Evans

FILED
NOV 15 2024
BY dskmh
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023