



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.

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1. Entity ID Number <u>000032061</u>		2. Exact name of the Corporation <u>THE NEWPORT RESIDENTS COUNCIL, INC</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF NEWPORT</u>			
4. NAICS Code <u>813920</u>					
6. Principal Office Address <u>ONE EISENHOWER ROAD</u>			City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>YVETTE HARRIS-EVANS</u>			Vice-President Name <u>VACANT</u>		
Street Address <u>240 PARK HOLM</u>			Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>CHRISTINE PETRARCA (ACTING)</u>			Treasurer Name <u>YVETTE HARRIS-EVANS (ACTING)</u>		
Street Address <u>31-C DEBLOS STREET</u>			Street Address <u>240 PARK HOLM</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>CATHERINE WHITMIRE</u>			Director Name <u>PHYLLIS MELLEKAS</u>		
Street Address <u>97 J ROSEDALE AVENUE</u>			Street Address <u>32A EARL AVENUE</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
Director Name <u>WALTER K. EVANS SR.</u>			Director Name <u>JOHN A. DUARTE</u>		
Street Address <u>19 D POND AVENUE</u>			Street Address <u>24-D CODDINGTON STREET</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <u>YVETTE HARRIS-EVANS PRESIDENT</u>					Date <u>11/15/2024</u>
Signature of Officer/Authorized Representative <u>Yvette M. Harris-Evans</u>					

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

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BY dskmh  
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FORM 631- Revised: 04/2023