

**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.****ANNUAL REPORT YEAR:** 2024**1. Corporate ID No.** 000031296**2. Name of Corporation** Rotary Club of Newport, Rhode Island**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

813319**3. State of Incorporation**State: RI**4. Corporate Address in Rhode Island**No. and Street: 300 SPRING ST.  
NEWPORT PUBLIC LIBRARYCity or Town: NEWPORTState: RI Zip: 02840-6815 Country: USA**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**A SERVICE ORGANIZATION**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | SUSAN CUNNINGHAM                               | 32 ELM ST<br>NEWPORT, RI 02840 USA                         |
| TREASURER      | AVRAM DORFMAN                                  | 81 THRID ST #2<br>NEWPORT, RI 02840 USA                    |
| SECRETARY      | CHRIS WILLIAMS                                 | 15 BLUEGRASS DR<br>MIDDLETOWN, RI 02842 USA                |
| OTHER OFFICER  | AVRAM DORFMAN                                  | 81 THIRD ST #2<br>NEWPORT, RI 02840                        |
| VICE PRESIDENT | LAURENE SORENSEN                               | 55 THIRD ST<br>NEWPORT, RI 02840 USA                       |
| DIRECTOR       | GORDON GIBSON                                  | 243 SANDY POINT AVE<br>PORTSMOUTH, RI 02871 USA            |
| DIRECTOR       | JOSEPH LOGUE                                   | 103 HARRISON AVE.<br>NEWPORT, RI 02840 USA                 |
| DIRECTOR       | JOANNE HOOPS                                   | 4 1/2 DRESSER ST<br>NEWPORT, RI 02840 USA                  |
| DIRECTOR       | SCOTT BARTLETT                                 | 4 MUMFORD AVE<br>NEWPORT, RI 02840 USA                     |
| DIRECTOR       | SUSAN CUNNINGHAM                               | 32 ELM ST<br>NEWPORT, RI 02840 USA                         |
| DIRECTOR       | DEBBIE BAILEY                                  | 50 CLEARVIEW AVE<br>PORTSMOUTH, RI 02871                   |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSEPH LOGUE 103 HARRISON AVE. NEWPORT , RI 02840

Signed this 10 Day of January, 2025 at 1:31:42 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 AVRAM DORFMAN  
Signature of Authorized Person

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

January 10, 2025 01:30 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

