State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, 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.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001778079

2. Name of Corporation Newport-Skiathos Club

3. State of Incorporation

State: RI

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
813990

4. Principal Office Address

No. and Street: 29 HERITAGE LANE
City or Town: COHASSET State: MA Zip: 02025 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE MISSION OF THE NEWPORT-SKIATHOS CLUB IS TO ENCOURAGE THE PUBLIC TO LEARN ABOUT
ITS SISTER CITY IN
SKIATHOS, GREECE BY PROMOTING THE HISTORY OF THE TWO CITIES AND HIGHLIGHTING
OPPORTUNITIES TO DEEPEN
INTERACTION BETWEEN THEM AND FURTHER OUR INTERNATIONAL RELATIONSHIP THROUGH

CULTURAL, SOCIAL, EDUCATION
AND ECONOMIC EXCHANGE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	KATHRYN WILLIAMS	129 WASHINGTON STREET NEWPORT, RI 02840 USA
OTHER OFFICER	KATHRYN WILLIAMS	29 HERITAGE LANE COHASSET, MA 02025
DIRECTOR	KATHRYN WILLIAMS	129 WASHINTON STREET NEWPORT, RI 02840 USA
DIRECTOR	MYRSINE MCKEON	51 BERKELEY AVENUE NEWPORT, RI 02840 USA
DIRECTOR	JOHN MICHAEL	129 WASHINGTON STREET NEWPORT, RI 02840 USA
DIRECTOR	KATHRYN MCKEON	51 BERKELEY AVENUE NEWPORT, RI 02840 USA

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

KATHRYN M. WILLIAMS 129 WASHINGTON STREET NEWPORT , RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of February, 2025 at 10:21:34 AM 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 KATHRYN WILLIAMS
Signature of Authorized Person

Form No. 631
Revised 09/07