



State of Rhode Island
Department of State • Business Services Division

FILED

FEB 24 2025

BY 144B

Annual Report for the year: 2025
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 <u>27875</u>		2. Exact name of the Corporation <u>Lions Club of Newport, Rhode Island, Incorporated</u>	
3. State of Incorporation <u>RI</u>		5. 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 695</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 <input type="checkbox"/>			
President Name <u>David Dittman</u>		Vice-President Name <u>Dr. Martin Cohen</u>	
Street Address <u>44 Ocean View Drive</u>		Street Address <u>49 Kay St.</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
Secretary Name <u>Helen T. Steeves</u>		Treasurer Name <u>Helen T. Steeves</u>	
Street Address <u>1302 West Main Rd</u>		Street Address <u>1302 West Main Rd</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 <input type="checkbox"/>			
Director Name <u>Elizabeth Cohen</u>		Director Name <u>Tara D'Angelo Coupe</u>	
Street Address <u>49 Kay St.</u>		Street Address <u>9 Vaughn St.</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Greenville</u>	State <u>RI</u> Zip <u>02828</u>
Director Name <u>Gail Silechnik</u>		Director Name <u>Paul Tobak</u>	
Street Address <u>1037 Green End Ave</u>		Street Address <u>PO Box 125</u>	
City <u>Middletown</u>	State <u>RI</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.			
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>2/18/2025</u>
Signature of Officer/Authorized Representative <u>Helen T. Steeves</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov