



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 24 2025

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.

OR BY 2441

| | | | | | |
|--|--------------------|---|---|------------------------|---------------------|
| 1. Entity ID Number <u>000027472</u> | | 2. Exact name of the Corporation <u>NEWPORT COUNTY SALTWATER FISHING CLUB, INC.</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>PROMOTION OF SALTWATER SPORT FISHING IN NEWPORT COUNTY AND RHODE ISLAND</u> | | | |
| 4. NAICS Code <u>813990</u> | | | | | |
| 6. Principal Office Address <u>P.O. Box 2</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>DENNIS ZAMBROTTA</u> | | | Vice-President Name <u>EDWARD BABINSKI</u> | | |
| Street Address <u>12 FLORENCE AVE</u> | | | Street Address <u>9 HARVEY ROAD</u> | | |
| City <u>NEWPORT</u> | State <u>RI</u> | Zip <u>02840</u> | City <u>MIDDLETOWN</u> | State <u>RI</u> | Zip <u>02842</u> |
| Secretary Name <u>TIMOTHY LYNCH</u> | | | Treasurer Name <u>JOHN S. POPE</u> | | |
| Street Address <u>70 CARROLL AVE UNIT 104</u> | | | Street Address <u>6 CANONCHET DRIVE</u> | | |
| City <u>NEWPORT</u> | State <u>RI</u> | Zip <u>02840</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>FRANK BRYER</u> | | | Director Name <u>MICHAEL SHEPHERD</u> | | |
| Street Address <u>20 EASTON ROAD</u> | | | Street Address <u>52 CHASTELLUX AVE</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>MICHAEL CONLEY</u> | | | Director Name <u>NONE</u> | | |
| Street Address <u>189 WKT VIEW ROAD</u> | | | Street Address | | |
| City <u>MIDDLETOWN</u> | State <u>RI</u> | Zip <u>02842</u> | City <u>I</u> | State | Zip |
| 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. | | | | | |
| <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>JOHN S. POPE</u> | | | | Date <u>2/24/25</u> | |
| Signature of Officer/Authorized Representative <u>John S. Pope</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