State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 241

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	2. Exact name of the Corporation
000027472	NEWPORT COUNTY SALTWATER FISHING CLUB, INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: PROMOTION OF SALTWATER SPORT FISHING IN NEWPORT COUNTY AND RHODE ISLAND
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
P. O. BOX 2	NEWPORT	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DENNIS ZAMBROTTA	EDWARD BABINSKI
Street Address: 12 FLORENCE AVE	Street Address: 9 HARVEY ROAD
City: NEWPORT State: RI Zip: 02840	City: MIDDLETOWN State: RI Zip: 02842
Secretary Name	**Treasurer Name**
TIMOTHY LYNCH	JOHN S. POPE
Street Address: 70 CARROLL AVE, UNIT 104	Street Address: 6 CANONCHET DRIVE
City: NEWPORT State: RI Zip: 02840	City: PORTSMOUTH State: RI Zip: 02871

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
FRANK BRYER	MICHAEL SHEPHERD
Street Address: 20 EASTNOR ROAD	Street Address: 52 CHASTELLUX AVE
City: NEWPORT State: RI Zip: 02840	City: NEWPORT State: RI Zip: 02840
Director Name	**Director Name**
MICHAEL CONLEY	NONE
Street Address: 189 WEST VIEW ROAD	Street Address:
City: MIDDLETOWN State: RI Zip: 02842	City: 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.

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	Date
JOHN S. POPE	2/24/25

Signature of Officer/Authorized Representative: John S. Pope

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

FORM 631- Revised: 12/2023