



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 24 2025

BY *[Signature]*

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 000115513		2. Exact name of the Corporation Newport Gulls, LTD			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island  to operate a non-profit collegiate baseball team			
4. NAICS Code 713990					
6. Principal Office Address 55 Memorial Blvd		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Charles Paiva			Vice-President Name Christopher Patsos & Mark Horan		
Street Address 164 Meadeow Lane			Street Address 12 Paradise Ave/336 Gibbs Ave		
City Middletown	State RI	Zip 02842	City Middletown/Newport	State RI	Zip 02842
Secretary Name Charles Paiva			Treasurer Name Ronald Westmoreland		
Street Address 164 Meadow Lane			Street Address 4 Halcyon Farm Rd		
City Middletown	State RI	Zip 02842	City Lakeville	State MA	Zip 02347
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Charles Paiva			Director Name Mark Horan		
Street Address 164 Meadow Lane			Street Address 336 Gibbs Ave		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Christopher Patsos			Director Name		
Street Address 12 Paradise Ave			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.					
<b>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.</b>					
<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 <b>Gregory F. Fater</b>				Date 3/21/2025	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:  
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