



**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.** 000096881

**2. Name of Corporation** Bellevue-Ochre Point Neighborhood Association

**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

813319

**4. Principal Office Address**

No. and Street: 50 SOUTH MAIN STREET  
SUITE 308

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

PRESERVATION & PROTECTION OF BELLEVUE AVENUE

**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 | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country                                     |
|----------------|-----------------------------|-------------------------------------------------------------------------------------|
| PRESIDENT      | LINDA SAWYER                | 665 BELLEVUE AVENUE<br>NEWPORT, RI 02840 USA                                        |
| TREASURER      | THOMAS GODDARD              | 50 SOUTH MAIN ST., STE. 201, BROWN AND IVES LAND CO., L<br>PROVIDENCE, RI 02903 USA |
| SECRETARY      | JOHN IVERSON                | 10 LEROY AVE<br>NEWPORT, RI 02840 USA                                               |
| VICE PRESIDENT | MOHAMAD FARZAN              | 138 LEDGE RD<br>NEWPORT, RI 02840 USA                                               |
| DIRECTOR       | DAVID BRODSKY               | 225 RUGGLES AVENUE<br>NEWPORT, RI 02840 USA                                         |
| DIRECTOR       | BRUCE E LEISH               | 72 WEBSTER ST<br>NEWPORT, RI 02840 USA                                              |
| DIRECTOR       | ROGER H KING                | 221 RUGGLES AVE<br>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**

THOMAS P. I. GOODARD 50 SOUTH MAIN STREET PROVIDENCE , RI 02903

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

**Signed this 22 Day of April, 2025 at 11:33:33 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 LAURA BARRY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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