



State of Rhode Island  
Department of State - Business Services Division

FILED

MAY 08 2025

BY ZLBHM

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25 MAY 8 PM 2:14:31

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 <b>001658658</b>		2. Exact name of the Corporation <b>Newport Partnership for Families</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island to develop and maintain a coordinated network of collaborating partners that measurably strengthen families and enhance the quality of life in Newport County	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>513 Broadway</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jamoya Ridgell</b>		Vice-President Name <b>currently vacant</b>	
Street Address <b>103 Lake Erie Street</b>		Street Address	
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
Secretary Name <b>Phyllis Mulligan</b>		Treasurer Name <b>Rebecca Ellwell</b>	
Street Address <b>200 Park Holm</b>		Street Address <b>Box 173</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Adamsville</b>
		State <b>RI</b>	
		Zip <b>02801</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Dianne Farrar</b>		Director Name <b>Kelly Powers</b>	
Street Address <b>9 Rolling Green</b>		Street Address <b>104 River Run Rd</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>0284</b>	City <b>Middletown</b>
		State <b>RI</b>	
		Zip <b>02842</b>	
Director Name <b>Ellen Pinnock</b>		Director Name	
Street Address <b>220 Maple St 2</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	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>Jamoya Ridgell, President</b>			Date <b>05-08-2025</b>
Signature of Officer/Authorized Representative <i>Jamoya Ridgell</i>			

MAIL TO:  
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