



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

RECEIVED
I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number 000082096		2. Exact name of the Corporation LaFarge Restoration Fund at Newport Congregational Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island THE RESTORATION AND PRESERVATION OF THE BUILDING ON THE SOUTHEAST CORNER OF SPRING & PELHAM STREET IN NEWPORT WHICH CONTAINS MURALS AND WORKS OF ART OF JOHN LA FARGE TITLE 7-6	
4. NAICS Code 813319			
6. Principal Office Address 73 Pelham Street		City Newport	State RI Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul F. Miller		Vice-President Name Dorianne W. Farzan	
Street Address 15 Hammersmith Road		Street Address 40 Ledge Road	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 Dorianne W. Farzan		Director Name Michael Kathrens	
Street Address 40 Ledge Road		Street Address 3679 Summit Ave, Unit 1	
City Newport	State RI	City Kansas City	State MO
Zip 02840		Zip	
Director Name Molly Sexton		Director Name	
Street Address 28 Clinton Ave		Street Address	
City Newport	State RI	City	State
Zip 02840		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 Paul W. Miller			Date 5/14/2025
Signature of Officer/Authorized Representative 			

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

FILED

MAY 19 2025

BY SFN28
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FORM 631- Revised: 12/2023