



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2025**
Non-Profit Corporation

JUN 09 2025
BY 962

- 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 000026148	2. Exact name of the Corporation ALLIANCE FRANCAISE OF NEWPORT, RI
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island MAINTAIN AND EXTEND KNOWLEDGE OF THE FRENCH LANGUAGE AND CULTURE. ORGANIZED UNDER 503C3 116
4. NAICS Code 611630	

6. Principal Office Address PO BOX 361RIO	City NEWPORT	State RI	Zip 02840
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN BAILEY	Vice-President Name MICHAEL WARREN		
Street Address 15 HOWE ST	Street Address 7 BELLTREE		
City BRISTOL State RI Zip 02609	City PLYMOUTH State MA Zip 02360		
Secretary Name SANDY SHAW	Treasurer Name MARJORIE JOHNSTON		
Street Address 29 CRESTWOOD DR	Street Address 58 COLLATION CIRCLE		
City NARRAGANSETT State RI Zip 02882	City N KINGSTOWN State RI Zip 02852		

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 KAREN MAUPRIVEZ	Director Name MARJORIE COGAR		
Street Address 36 BAYSIDEAVE	Street Address 21 MOUNT VERNON ST #2		
City PORTSMOUTH State RI Zip 02871	City NEWPORT State RI Zip 02840		
Director Name VERA REID	Director Name		
Street Address 27 CONCORD DR	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 Marjorie Johnston, Treasurer	Date 6/3/2025
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Signature of Officer/Authorized Representative
Marjorie Johnston

MAIL TO:
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Website: www.sos.ri.gov