



RI SOS Filing Number: 202212777750 Date: 3/8/2022 4:00:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.227.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

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|--|-------------|--|--|-----------------|--------------|
| 1. Corporate ID No. 000032061 | | 2. Name of Corporation THE NEWPORT RESIDENTS COUNCIL INCORPORATED | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address ONE EISENHOWER ROAD | | City NEWPORT | Zip 02840 |
| 5. Foreign corporation. Enter principal office address N/A | | | City | State | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF NEWPORT | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name YVETTE HARRIS-EVANS | | | Vice President Name KATHRYN BRUEN | | |
| Street Address 240 PARK HOLM | | | Street Address 69 PARK HOLM | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| Secretary Name BARBARA MONK | | | Treasurer Name (ACTING) YVETTE HARRIS-EVANS | | |
| Street Address 19 CHAPEL STREET APT# 515 | | | Street Address 240 PARK HOLM | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name CATHERINE WHITMIRE | | | Director Name CHRISTINE PETRARCA | | |
| Street Address 97 J ROSEDALE AVENUE | | | Street Address 31 C DEBLOIS STREET | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| Director Name WALTER K. EVANS SR | | | Director Name PHYLLIS MELLEKAS | | |
| Street Address 19 D POND AVENUE | | | Street Address 19 CHAPEL STREET | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | | | |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAR 08 2022

BY

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

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.

Yvette M. Harris-Evans 3/1/22
Signature of Officer Date

YVETTE M. HARRIS-EVANS
Print or Type Name of Officer

PRESIDENT
Title of Officer