



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 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.

FILED
 MAY 09 2023
 BY 26307 OS

1. Entity ID Number <u>000032061</u>		2. Exact name of the Corporation <u>The Newport Residents Council Inc</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To improve the economic and social development of the residents of the housing Authority of the City of Newport.</u>			
4. NAICS Code <u>812920</u>					
6. Principal Office Address <u>Leisenhauer Road</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Yvette Harris-Evans</u>		Vice-President Name <u>Kathryn Bruen</u>			
Street Address <u>240 Park Holm</u>		Street Address <u>97C Rosedale Ave</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Secretary Name <u>Kathryn Bruen (Acting)</u>		Treasurer Name <u>Yvette Harris-Evans (Acting)</u>			
Street Address <u>97C Rosedale Ave</u>		Street Address <u>240 Park Holm</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
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 <u>Catherine Whitmire</u>		Director Name <u>Christine Petrarca</u>			
Street Address <u>97J Rosedale Ave</u>		Street Address <u>31C DeBlois St.</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Director Name <u>Walter K. Evans Sr.</u>		Director Name <u>Phyllis Mellekas</u>			
Street Address <u>19 D Pond Ave</u>		Street Address <u>32A Earl Ave</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
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.					
<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 <u>Yvette M. Harris-Evans</u>					Date
Signature of Officer/Authorized Representative <u>Yvette M Harris-Evans</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov