



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 MAR - 8 PM 1:20

1. Entity ID Number <b>515184</b>		2. Exact name of the Corporation <b>Narragansett Inn New Harbour, Inc.</b>		
3. Principal Office Address <b>P.O. Box 186</b>		City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>
4. NAICS Code <b>72 - Accommodation and Food</b>	6. Brief description of the character of business conducted in Rhode Island <b>Operation of an Inn, Restaurant, cafe and cocktail lounge.</b>			
5. State of Incorporation <b>Rhode Island</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>James Mott</b>		Vice-President Name <b>James Mott</b>		
Street Address <b>P.O. Box 186</b>		Street Address <b>P.O. Box 186</b>		
City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>New Shoreham</b>	State <b>RI</b>
Secretary Name <b>James Mott</b>		Treasurer Name <b>James Mott</b>		
Street Address <b>P.O. Box 186</b>		Street Address <b>P.O. Box 186</b>		
City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>New Shoreham</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>James Mott</b>		Director Name		
Street Address <b>P.O. Box 186</b>		Street Address		
City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <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>				
Name of Authorized Representative <b>JAMES MOTT</b>				Date <b>3/6/17</b>
Signature of Authorized Representative <i>James Mott</i>				

**FILED**

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

MAR 08 2017

By AL 1069