



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

Annual Report for the year: 2019
Corporation

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

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 SECRETARIAT OF
 CORPORATIONS
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1. Entity ID Number 000515184		2. Exact name of the Corporation Narragansett Inn New Harbour, Inc			
3. Principal Office Address P.O Box 186		City New Shoreham		State RI	Zip 02807
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of an Inn, Restaurant, cafe and cocktail lounge			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Mott			Vice-President Name James Mott		
Street Address P.O Box 186			Street Address P.O Box 186		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Secretary Name James Mott			Treasurer Name James Mott		
Street Address P.O Box 186			Street Address P.O Box 186		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Mott			Director Name		
Street Address P.O Box 186			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			600	Common	No Par
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. 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.					
Name of Authorized Representative James Mott					Date 2/14/19
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

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 BY *[Signature]* 132
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