RI SOS Filing Number: 202212368200 Date: 3/1/2022 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2022 Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.								
1. Entity ID Number 000515184		2. Exact name of the Corporation Narragansett Inn New Harbour, Inc.						
3. Principal Office Address			City		State	Zip		
42 Manville Road			Manville		RI	02838		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
722511	Operation of an inn, Restaurant , Cafe and Cocktall Lounge							
State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)			Check	the box to in	idicate an attachment 🗖		
President Name James Mott			Vice-President Name James Mott					
Street Address 42 Manville Roa	Street Address 42 Manville Road							
City Manville	State RI	^{Zip} 02838	City Manville		State RI	^{Zip} 02838		
Secretary Name James Mott			Treasurer Name James Mott					
Street Address 42 Manville Road			Street Address 42 Manville Road					
^{City} Manville	State RI	^{Zip} 02838	City Manville		State	^{Zip} 02838		
8. List ALL directors (names as	nd addresses)	······································		Check	the box to in	ndicate an attachment 🗀		
Director Name James Mott			Director Name George Mott					
Street Address 42 Manville Road			Street Address 323 Redwood Lane					
City Manville	State RI	Zip 02838	City Cheshire		State CT	^{Zip} 06410		
Director Name John Mott			Director Name					
Street Address PO BOX 355			Street Address					
City Block Island	State RI	Zip 02807	City		State	Zip		
9. Shares Authorized		10. Shares Iss						
This information is currently of record in the		NUMBER O	F SHARES	CLASS/SERIES		No Par		
Department of State.		600	600		Commom			
Changes require an additional f	iling.							
11. This report must be execut	ed on behalf of the	corporation by an a	authorized repres	sentative. If the corpo	oration is in t	he hands of a receiver or		
trustee, this report must be ex-	ecuted on behalf of	f the corporation by	the receiver or tr	rustee.				
Under penalty of perjury, I d	eclare and affirm	that i have examin	ed this report, i	ncluding any accor	npanying so	hedules and		
statements, and that all state Name of Authorized Represen	ements contained tative	i nerein are true ar	ia correct.	· · ·	Date			
James Mott				5-2072				
Signature of Authorized Repre	senfative.	SIGN DO	CUMENT HERE	FILED		- · · · · · · · · · · · · · · · · · · ·		
	V			- 0.1.2077				

MÁIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 01 2022 BY 06 5 5 61 8

FORM 630 - Revised: 10/2017