



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

Annual Report for the year: **2023**

**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 DIVISION  
 2023 FEB 27 A 11:15

1. Entity ID Number <b>000515184</b>		2. Exact name of the Corporation <b>Narragansett Inn New Harbour, Inc.</b>			
3. Principal Office Address <b>42 Manville Road</b>			City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
4. NAICS Code <b>722511</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>42 Manville Road</b>			Street Address <b>42 Manville Road</b>		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>James Mott</b>			Treasurer Name <b>James Mott</b>		
Street Address <b>42 Manville Road</b>			Street Address <b>42 Manville Road</b>		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State	Zip <b>02838</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 <b>George Mott</b>		
Street Address <b>42 Manville Road</b>			Street Address <b>323 Redwood Lane</b>		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip <b>06410</b>
Director Name <b>John Mott</b>			Director Name		
Street Address <b>PO BOX 355</b>			Street Address		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>600</b>		<b>Commom</b>	<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>2-16-2023</b>
Signature of Authorized Representative <i>James Mott</i>					

WB FILED 1115  
 FEB 27 2023  
 BY 3491