



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1. Entity ID Number 000515184		2. Exact name of the Corporation Narragansett Inn New Harbour, Inc.			
3. Principal Office Address 42 Manville Road			City Manville	State RI	Zip 02838
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 42 Manville Road			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 RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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		CLASS/SE/F+S	
		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 2-20-24
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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