



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>16492</u>		2. Name of Corporation Newport Tent Company, Inc.			
3. Street Address Principal Business Office 27 Highpoint Avenue		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. (401) 683-9160		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Rental of tents and related equipment</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>William J. Corcoran</u>		Vice President Name			
Street Address <u>28 Ward Avenue</u>		Street Address			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>Elsie A. Lombard</u>		Treasurer Name <u>William J. Corcoran</u>			
Street Address <u>1 Vicksburg Place</u>		Street Address <u>28 Ward Avenue</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>close corporation</u>		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>\$1.00 Par Value</u>		<u>100</u>	<u>Common</u>	<u>\$1.00</u>

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.

File Date	FILED
Check No.	<u>FEB 25 2008</u>
By	<u>By 26598 mme</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Elsie A. Lombard 1/31/08
Signature Date
Elsie A. Lombard
Print or Type Name
Corporate Secretary
Title