



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 2009

**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. 46674		2. Name of Corporation NEWPORT TROLLEY TOURS, INC.			
3. Street Address Principal Business Office 44 LONG WHARF MALL			City NEWPORT	State RHODE ISLAND	Zip 02840
4. Business Phone No. 401-849-8005		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ESTABLISH, MAINTAIN AND OPERATE BUS ROUTE, TO PROVIDE TOURS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANN M. OAKLEY			Vice President Name LAURA S. OAKLEY		
Street Address 212 AMERICA - GOAT ISLAND			Street Address 49 THIRD BEACH ROAD		
City NEWPORT	State RHODE ISLAND	Zip 02840	City MIDDLETOWN	State RHODE ISLAND	Zip 02842
Secretary Name MATTHEW OAKLEY			Treasurer Name ANN M. OAKLEY		
Street Address 82 ELNA STREET			Street Address 212 AMERICA - GOAT ISLAND		
City NORTH KINGSTOWN	State RHODE ISLAND	Zip 02852	City NEWPORT	State RHODE ISLAND	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NO PAR

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	1-12-09
Check No.	1979
By	MNE
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.

Signature: Ann Marie Oakley Date: 1/6/09  
Print or Type Name: ANN MARIE OAKLEY  
Title: President