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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, *Secretary of State*
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00*

****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.	2. Name of Corporation		
141649	Newport Chocolates, Inc.		
3. Street Address Principal Business Office	City	State	Zip
82 William Street	Newport	RI	02840
4. Business Phone No.	5. State of Incorporation		
401-598-2489	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture and sell at retail and wholesale confections, candies, chocolates

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Patrick L. Chilabato, Jr.			Brian Kelly		
Street Address			Street Address		
243 Lawrence Drive			529 Henry Street		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	S. Amboy	NJ	08879
Secretary Name			Treasurer Name		
Ellen Chilabato			Dennis KElly		
Street Address			Street Address		
243 Lawrence Drive			34 W. Larchmont Street		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Colts Neck	NJ	07722-1109

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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 ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			0		

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.

[redacted] [redacted]

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 *Date* 12/1/07

Patrick L. Chilabato, Jr.
Print or Type Name

[redacted] PRESIDENT
Title

FILED
FEB 20 2009
By

File Date _____
Check No. 38482
By: _____

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