

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___

<u> 2012 401.222.3040</u>

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(e&d)) is white to a period for a 550 500.

subject to a penalty fee of \$25.00.	1501(e), each corporation j	atting or refusing to file its ann	ual report within thirty (30) days aft —	ter the time prescribed by la	nw (R.I.G.L. /-1.2-1501(c&d)) is	
1. Curporate 11) No. 127550	2. Name of Corporation	Newport	Group Inci			
3. Street Address Principal Business	een End	Avenue	Middletown	State R1	64860	
4. Business Phone No. 747-	4450	5. State of Incorporation	New Jers	·e4		
6. Brief Description of the Character NUCS+ 7. NAMES AND ADDRESSES President Name	in secur	ities of a	ny domestic CHMENT) FILL IN SPACE: Vice President Name	- , -		
Andrew F	Nico	letta				
216 Gray	Craig	Koad	Street Address			
middletown	State B	245 05845	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			: ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 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	000 No	Par Value	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		· —	
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.			Number of Shares	Class/Series	Par Value	
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			, , , , , , , , , , , , , , , , , , ,			
This report must be executed this report must be executed				oration is in the hand	s of a receiver or trustee.	
_ _ F1	LED	_	including any accompa	nying achedules and sta	that I have examined this report, atements, and that all statements	
File Date	2.9. 2011		Signature Signature Date Di Co le Ho			
Check No.	8					
By:FOR SECRETARY OF STA	ATE USE ONLY		Print or Type Name Title			