

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 ;	failing or refusing to file its ann	uai report within thirty (30) aays i	after the time prescribed by l	aw (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	Middletow	State R1	64960
4. Business Phone No. 747-	-4450	5. State of Incorporation	New Jers	sey	
6. Brief Description of the Character (NUCS+ 7. NAMES AND ADDRESSES President Name	in secur	ities of a	CHMENT) FILL IN SPA	- ,-	
Andrew F	Nico	letta			
216 Gray	Craig	Koad	Street Address		
middletown	State B1	02842 zp	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	Gity .	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	1000 No	Par Value	10. SHARES ISSUED (* ISSUED SHARES — THIS SECTI		· —
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
			<u> </u>		\nearrow
			,		
This report must be executed this report must be executed				poration is in the hand	ls of a receiver or trustee.
_					
_ Fi	LED	_	including any accomp	canying achedules and st	that I have examined this report, atements, and that all statements
File Date	2.9. 2011		contained herein are true and correct.		
Check No.			Signature F. Nicoletta		
By:FOR SECRETARY OF ST.	ATE USE ONLY		Print or Type Name Title Print or Type Name Title		