

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 2012

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 (P.I.G.L. 7-1.2-1501).

The period of the second of th		ration failing or refusing to file its an	muai report within thirty (30) a	lays after the time prescribed by	law (R.I.G.L. 7-1,2-1501(c&d)) is	
1. Corporate ID No. 16492	Newport Te	2. Name of Corporation Newport Tent Company, Inc.				
3. Street Address Principal Business Office 27 Highpoint Ave			City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 4016839160		5. State of Incorporation Rhode Island	corporation			
7. NAMES AND ADDI President Name	RESSES OF THE OFFI	ted in Rhode Island CERS: ("X" BOX FOR ATTA	ACHMENT) [FILL IN Vice President Name	SPACES BEFORE USING	GATTACHMENTS	
William J. Corcoran Street Address						
28 Ward Ave			Street Address			
Newport	State RI	^{Zip} 02840	City	State	Zip	
Secretary Name Elsie Lombard			Treasurer Name William J. Corcoran			
Street Address 1 Vicksburg PI			Street Address 28 Ward Ave			
City Newport	State RI	^{Zip} 02840	City Newport	State RI	^{Zip} 02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name			TACHMENT) 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 AUTHORIZ	ZED '		10. SHARES ISSUED ISSUED SHARES — THIS SE	 <i>("X" BOX FOR ATTAC.</i> CTION <u>MUST</u> BE COMPLETED	HMENT)	
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	
			100	common	\$1.00	
This report must be exthis report must be exe	ecuted on behalf of the cuted on behalf of the	corporation by an authorize corporation by the receiver of	or trustee.			
File Date Check No. SBY	ED 0 2012		contained herein as William J. Signature William J. Co	ompanying schedules and state true and correct. Coscosian Plassi Diccoran	that I have examined this report atements, and that all statement dank //24/12 Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name President			