



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

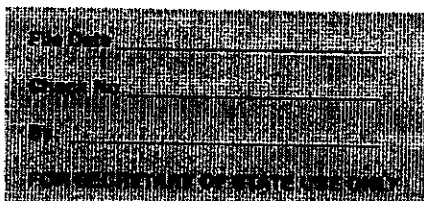
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 141649		2. Exact name of the Corporation Newport Chocolates, Inc.			
3. Principal office address 82 William Street		City Newport	State RI	Zip 02840	
4. Business Phone No. (401) 598-2489		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture and sell at retail and wholesale confections, candies, and chocolates					
OFFICERS, MANAGERS AND DIRECTORS					
President Name PATRICK L. CHILABATO, JR.			Vice-President Name BRIAN KELLY		
Street Address 243 LAWRENCE DRIVE			Street Address 529 HENRY STREET		
City PORTSMOUTH	State RI	Zip 02871	City S. AMBOY	State NJ	Zip 08879
Secretary Name ELLEN CHILABATO			Treasurer Name DENNIS KELLY		
Street Address 243 LAWRENCE DRIVE			Street Address 34 W. LARCHMONT STRET		
City PORTSMOUTH	State RI	Zip 02871	City COLTS NECK	State NJ	Zip 07722-1109
LIST ALL DIRECTORS (NAME AND ADDRESS) IN BOX FOR EACH					
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
SHARES AUTHORIZED					
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
			300		NPV

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.



FILED

JUN 18 2012

BY

3459

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.

Patrick L. Chilabato, Jr.
Signature of Authorized Representative Date

PATRICK L. CHILABATO, JR.
Print or Type Name of Authorized Representative