



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 2013

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. 58156		2. Exact name of the Corporation Newport On Shore Marina, Inc.			
3. Principal office address 405 Thames Street			City Newport	State RI	Zip 02840
4. Business Phone No. (401) 849-0480			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Marina Condominium Assoc.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donnell W. Murphy			Vice-President Name none		
Street Address 3 Wisteria Drive			Street Address		
City Walpole	State RI	Zip 02081	City	State	Zip
Secretary Name Kiki Slee-McMahon			Treasurer Name Michael Ryan		
Street Address 30 School Street			Street Address 30 Gould Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donnell W. Murphy			Director Name Michael Ryan		
Street Address 3 Wisteria Drive			Street Address 30 Gould Street 120 SWINBURNE ROW		
City Walpole	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Kiki Slee-McMahon			Director Name none		
Street Address 30 School Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	no par value

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 21 2013
 2486
 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 of Authorized Representative: *Donnell W. Murphy*
 Date: *3/12/13*
 Print or Type Name of Authorized Representative: **Donnell W. Murphy**