

OK# 4106  
1-15-2014  
\$50.00



**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** 2014

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. <u>9266</u>		2. Exact name of the Corporation <u>Newport R + D, Inc.</u>					
3. Principal office address <u>1 Maritime Drive</u>				City <u>Providence</u>	State <u>RI</u>	Zip <u>02871</u>	
4. Business Phone No. <u>401-683-9450</u>				5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Design</u>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>							
President Name <u>John G. Hoyt</u>				Vice-President Name <u>Donna R. Hoyt</u>			
Street Address <u>1 Maritime Drive</u>				Street Address <u>1 Maritime Drive</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02871</u>		
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>							
Director Name <u>Same as above</u>				Director Name <u>Same as above</u>			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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 <u>None</u>	CLASS/SERIES	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**  
 JAN 15 2014  
 4106

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.  
Donna R. Hoyt 1/15/2014  
 Signature of Authorized Representative Date  
Donna R. Hoyt  
 Print or Type Name of Authorized Representative