



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
**Filing Period: January 1–March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

72100

2. Name of Corporation

The Newport Brewing Company

3. Street Address Principal Business Office

City

State

Zip

31 America's Cup Avenue

Newport

RI

02840

4. Business Phone No.

5. State of Incorporation

6. SIC Code

847-0872

RHODE ISLAND

5553

7. Brief Description of the Character of Business Conducted in Rhode Island

to own, operate, invest, manage, lease and develop real estate and investments

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Vice President Name

Brian J. Foley

Street Address

21 Waterville Road

City

State

Zip

City

State

Zip

Avon

CT

06001

Secretary Name

Treasurer Name

Brian J. Foley

Street Address

21 Waterville Road

City

State

Zip

City

State

Zip

Avon

CT

06001

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Brian J. Foley

Street Address

Street Address

21 Waterville Road

City

State

Zip

City

State

Zip

Avon

CT

06001

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 COMM NO PAR VALUE

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

4000

common

no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 1 0 0 \*

File Date: 2/4/02

Check No.: 09372

By: GJE

FOR SECRETARY OF STATE USE ONLY

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 Officer

Date

Brian J. Foley

Print or Type Name of Officer

President

Title of Officer