



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
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. 847-0872 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 <b>Brian J. Foley</b>	Vice President Name
Street Address <b>21 Waterville Road</b>	Street Address
City State Zip <b>Avon CT 06001</b>	City State Zip

Secretary Name <b>Brian J. Foley</b>	Treasurer Name
Street Address <b>21 Waterville Road</b>	Street Address
City State Zip <b>Avon CT 06001</b>	City State Zip

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

Director Name <b>Brian J. Foley</b>	Director Name
Street Address <b>21 Waterville Road</b>	Street Address
City State Zip <b>Avon CT 06001</b>	City State Zip

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>4,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>4000</b>	<b>common</b>	<b>no par value</b>

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: Feb 18, 1999

Check No.: 6289

By: [Signature]

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: Brian J. Foley Date: 2/15/99

**Brian J. Foley, President**

Print or Type Name of Officer

Title of Officer