



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

72100

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)

President Name

Vice President Name

Brian J. Foley

Street Address

Street Address

20 Waterville Road

City **Avon**

State

CT

Zip

06001

City

State

Zip

Avon

CT

06001

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Brian J. Foley

Street Address

Street Address

20 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 SHS COMM NO PAR VAL

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: **3-2-98**

Check No.: **5450**

By: **ICP**

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

Brian J. Foley

Print or Type Name of Officer

President

Title of Officer

Date