



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 **2016**

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. 1102318		2. Exact name of the Corporation NEWPORT BEACH HOUSE, INC.			
3. Principal office address 53-55 Purgatory Road		City Middletown	State RI	Zip 02842	
4. Business Phone No. 617-549-9000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Private Event Function Facility					
DO NOT WRITE IN THESE BOXES FOR ATTACHMENT					
President Name James Apteker			Vice-President Name		
Street Address 20 Chapel Street			Street Address		
City Brookline	State MA	Zip 02446	City	State	Zip
Secretary Name James Apteker			Treasurer Name		
Street Address 20 Chapel Street			Street Address		
City Brookline	State MA	Zip 02446	City	State	Zip
DO NOT WRITE IN THESE BOXES FOR ATTACHMENT					
Director Name James Apteker			Director Name		
Street Address 20 Chapel Street			Street Address		
City Brookline	State MA	Zip 02446	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
DO NOT WRITE IN THESE BOXES FOR ATTACHMENT					
9. SHARES OUTSTANDING			10. SHARES ISSUED (X) BOX FOR ATTACHMENT		
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
			10,000	CWP	0.0001

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.

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

Date

Print or Type Name of Authorized Representative

FILED

MAR 02 2016

By 269080
A.A.

3/1/16

Scott Darby CFO