



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 JAN 19 AM 10:22

1. Entity ID Number 1657097		2. Exact name of the Corporation Langway Nissan of Newport Inc <i>DBA - Langway Nissan of Newport</i>			
3. Principal Office Address 295 East Main Rd		City Middletown	State RI	Zip 02842	
4. Business Phone Number 401-619-5050		5. State of Incorporation R.I			
6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE SALES AND SERVICE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James F. Langway			Vice-President Name		
Street Address 434 Sea View Ave			Street Address		
City Asterville	State MA	Zip 02655	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		preferred	
11. 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.					
Name of Authorized Representative James F. Langway				Date 1-12-17	
Signature of Authorized Representative SIGN DOCUMENT HERE					

FILED *KA*

JAN 19 2017

BY *CK 193503*

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov