



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 to	ee if form is not f	iled by April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
127550	J.J. Newport Graup, INC.						
Principal Office Address			City		State	Zip	
216 GRay	CRaig	Road	Mid	dletown	RI	02842	
4. NAICS Code	6. Brief descript	ion of the characte	r of business	conducted in Rhode Is	and	0 5 6 6	
y	TO INV	lest in s	ecun	of business conducted in Rhode Island ecunities of any domestic im or government agency.			
5. State of Incorporation	1 se lo	reign 1	ikm c	or goven	ment .	agency.	
New persey	102 70				ĺ		
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Indicew F. Micoletta			Vice-President Name				
Street Address /			Street Address				
2/6 (TRAY CRAIG ROUD							
Middletown	State	Zip	City		State	Zip	
Secretary Name	1 7- 1	02072	Treasurer Na	me	<u> </u>	i	
Street Address			Christadd				
			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	dresses)			Check th	ne box to indica	ite an attachment	
Director Name			Director Name				
Street Address			Street Address				
	la.						
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Characteristics						
			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d .	Check th	e boy to indica	te an attachment	
This Information is currently of record in the		NUMBER OF SI	IARES	CLASS/SERIES	C DOX TO ITIGICA	PAR VALUE	
Department of State.						Ø	
Changes require an additional filing.							
11. This report must be executed or	behalf of the con	Oration by an aut	horized repres	entative If the corpora	tion in the he	ndo of a so seive	
trustee, this report must be execute	d on behalf of the	corporation by the	receiver or tr	ristee			
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that its contained her	I have examined	this report, it	ncluding any accomp	anying sched	ules and	
Name of Authorized Representative	1	cm are true and t	.orrect. /		Date		
Andrew F. Signature of Authorized Representa	Nicole	1ta		1	1/20	117	
Signature of Authorized Representa	tive						
IAIL TO:	<u> </u>			4			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 630 - Revised: 10/2016