

GROUP



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 fee if form is not filed by April 1.

1. Entity ID Number <u>127550</u>		2. Exact name of the Corporation <u>J.J. Newport Group, INC.</u>	
3. Principal Office Address <u>216 Gray Craig Road</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
4. NAICS Code <u>51</u>	6. Brief description of the character of business conducted in Rhode Island <u>To invest in securities of any domestic or foreign firm or government agency.</u>		
5. State of Incorporation <u>New Jersey</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Andrew F. Nicoletta</u>		Vice-President Name	
Street Address <u>216 Gray Craig Road</u>		Street Address	
City <u>Middletown</u>	State <u>RI</u>	City	State
Zip <u>02842</u>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<u>0</u>	<u>0</u>
			PAR VALUE
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. <b>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.</b>			
Name of Authorized Representative <u>Andrew F. Nicoletta</u>		Date <u>1/20/17</u>	
Signature of Authorized Representative			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
JAN 25 2017  
BY 10300 RS