

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)				Check the box to indicate an attachment <input type="checkbox"/>			
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>	Zip <u>02842</u>	City	State	Zip	City	Zip
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip	City	Zip

8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip	City	Zip
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip	City	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	
		PAR VALUE			
		<u>0</u>		<u>0</u>	

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 <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 10300RS