




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 <b>1658104</b>		2. Exact name of the Corporation <b>NEWPORT SEDANS, INC.</b>			
3. Principal Office Address <b>108 VAN ZANDT AVENUE</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>48-49 - Transportation and War</b>	6. Brief description of the character of business conducted in Rhode Island <b>CAR SERVICE</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANTHONY COTSORIDIS</b>			Vice-President Name <b>NONE</b>		
Street Address <b>108 VAN ZANDT AVENUE</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>ANTHONY COTSORIDIS</b>			Treasurer Name <b>ANTHONY COTSORIDIS</b>		
Street Address <b>108 VAN ZANDT AVENUE</b>			Street Address <b>108 VAN ZANDT AVENUE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANTHONY COTSORIDIS</b>			Director Name		
Street Address <b>108 VAN ZANDT AVENUE</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>1000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>
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 <b>ANTHONY COTSORIDIS</b>				Date <b>2/21/2017</b>	
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

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BY

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