



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 15 PM 1 14
 02840

1. Entity ID Number 96579		2. Exact name of the Corporation Newport Outfitters, Inc.			
3. Principal Office Address 18 Elm Street			City Newport	State RI	Zip 02840
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Sale, Rental, repair and distribution of bicycles, bicycle parts, supplies and equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas E. Kearns			Vice-President Name Thomas E. Kearns		
Street Address 35 Sherwood Terrace			Street Address 35 Sherwood Terrace		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Thomas E. Kearns			Treasurer Name Thomas E. Kearns		
Street Address 35 Sherwood Terrace			Street Address 35 Sherwood Terrace		
City Portsmouth	State RI	Zip 02871	City PortsmouthRI	State RI	Zip 02871
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE \$1.00
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 Thomas E. Kearns, President				Date 2/ /2017	
Signature of Authorized Representative <i>Thomas E. Kearns</i>					

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
 MAR 15 2017
 By 1585