



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
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 001034548 | | 2. Exact name of the Corporation Newport Avenue Property, Inc. | | | |
| 3. Principal Office Address 7 Heron Way | | City Wakefield | | State RI | Zip 02879 |
| 4. NAICS Code 53110 | 6. Brief description of the character of business conducted in Rhode Island Property Management | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Laurence Legault | | | Vice-President Name Laurence Legault | | |
| Street Address 7 Heron Way | | | Street Address 7 Heron Way | | |
| City Wakefield | State RI | Zip 02879 | City Wakefield | State RI | Zip 02879 |
| Secretary Name Laurence Legault | | | Treasurer Name Laurence Legault | | |
| Street Address 7 Heron Way | | | Street Address 7 Heron Way | | |
| City Wakefield | State RI | Zip 02879 | City Wakefield | State RI | Zip 02879 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Laurence Legault | | | Director Name | | |
| Street Address 7 Heron Way | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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 |
| | | 100 | CWP | \$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 Laurence Legault | | | | | Date 9-8-17 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 11 2017
BY **1100 DS**

FORM 630 - Revised: 08/2017