



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 <u>000141253</u>		2. Exact name of the Corporation <u>Newport Sailing School Tows Inc.</u>	
3. Principal Office Address <u>4 Deerfield Drive</u>		City <u>Richmond</u>	State <u>R.I.</u>
		Zip <u>02898</u>	
4. NAICS Code <u>811490</u>		6. Brief description of the character of business conducted in Rhode Island <u>Fresh sailing and give sailboat tows of Newport Harbor</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Michael Mainella</u>		Vice-President Name <u>Michael Mainella</u>	
Street Address <u>4 Deerfield Drive</u>		Street Address <u>4 Deerfield Drive</u>	
City <u>Richmond</u>	State <u>R.I.</u>	City <u>Richmond</u>	State <u>R.I.</u>
Zip <u>02898</u>		Zip <u>02898</u>	
Secretary Name <u>SAME AS ABOVE</u>		Treasurer Name <u>SAME AS ABOVE</u>	
Street Address <u>SAME AS ABOVE</u>		Street Address <u>SAME AS ABOVE</u>	
City <u>Richmond</u>	State <u>R.I.</u>	City <u>Richmond</u>	State <u>R.I.</u>
Zip <u>02898</u>		Zip <u>02898</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Agent Katherine Mainella</u>		Director Name <u>Agent Katherine Mainella</u>	
Street Address <u>1183 Narragansett Hwy</u>		Street Address <u>1183 Narragansett Hwy</u>	
City <u>Newport</u>	State <u>R.I.</u>	City <u>Newport</u>	State <u>R.I.</u>
Zip <u>02888</u>		Zip <u>02888</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>—</u>
		PAR VALUE <u>NO PAR</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>KATHERINE MAINELLA</u>		Date <u>2-22-2018</u>	
Signature of Authorized Representative <u>Katherine F. Mainella</u>		SIGN DOCUMENT HERE FILED	

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