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	2. Exact name of the Corporation			
000141253	Newport Sailing School, Tours Inc.			
3. Principal Office Address		City	State	Zip
4 Deerfield Drive		Richmond	R.I.	02898
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811490	Teach sailing and give sailboat tours of Newport Harbor			
5. State of Incorporation				
R.I.				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michael Mainella			Michael Mainella		
Street Address			Street Address		
4 Deerfield Drive			4 Deerfield Drive		
City	State	Zip	City	State	Zip
Richmond	R.I.		Richmond	R.I.	02898
Secretary Name			**Treasurer Name**		
SAME AS ABOVE			SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		02898			02898

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Agent Katherine Mainella					
Street Address			Street Address		
1153 Narragansett Ave					
City	State	Zip	City	State	Zip
Jamestown	R.I.	02835			

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	—	No Par

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	Date
KATHERINE MAINELLA	2-22-2018

Signature of Authorized Representative: Katherine T. Mainella SIGN DOCUMENT HERE

FILED
FEB 26 2018
BY 1061

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017