

"AMENDED"

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 DEC 24 PM 12:19

1. Entity ID Number 68914		2. Exact name of the Corporation Newport Hobby House, Ltd.	
3. Principal Office Address 2-4 Coddington Highway		City Middletown	State RI
		Zip 02842	
4. NAICS Code 951120	6. Brief description of the character of business conducted in Rhode Island To Conduct a Retail Store for the Sale of Hobby and Craft Items		
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 Anne S. Damon		Vice-President Name	
Street Address 280 Indian Avenue		Street Address	
City Middletown	State RI	Zip 02842	
Secretary Name Anne S. Damon		Treasurer Name Peter S. Damon	
Street Address 280 Indian Avenue		Street Address 280 Indian Avenue	
City Middletown	State RI	Zip 02842	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anne S. Damon		Director Name Peter S. Damon	
Street Address 280 Indian Avenue		Street Address 280 Indian Avenue	
City Middletown	State RI	Zip 02842	
Director Name		Director Name	
Street Address		Street Address	
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 180	CLASS/SERIES COMMON
		PAR VALUE NO PAR VALUE	
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 x Anne S. Damon		Date 12/15/18	
Signature of Authorized Representative FILED			



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

December 24, 2018 12:19 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

