RI SOS Filing Number: 201883462480 Date: 12/31/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

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			
58981	Newport Tent Realty, Inc.			
3. Principal Office Address		City	State	Zip
27 Highpoint Ave		Portsmouth	RI	02871
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Purchasing, improving, leasing, exchanging, selling and disposing of real estate			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
William J. Corcoran					
Street Address			Street Address		
28 Ward Ave					
City / State / Zip			City / State / Zip		
Newport	RI	02840			
Secretary Name			Treasurer Name		
Elsie Lombard			William J. Corcoran		
Street Address			Street Address		
1 Vicksburg Pl			28 Ward Ave		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840

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		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	common	$1.00
Changes require an additional filing.			

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
William J. Corcoran	William J. Corcoran, President	12/26/18
Signature of Authorized Representative	SIGN DOCUMENT HERE	

FILED

DEC 3 1 2018 KM

BY 1544

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: 10/2016