



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

DEC 31 2018

BY AOC 43662

1. Entity ID Number 16492		2. Exact name of the Corporation Newport Tent Company, Inc.			
3. Principal Office Address 27 Highpoint Ave		City Portsmouth		State RI	Zip 02871
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Rental of tents and related equipment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name William J. Corcoran			Vice-President Name Kimberly A. Brilhante		
Street Address 28 Ward Ave			Street Address 40 Longmeadow Road		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Secretary Name Elsie Lombard			Treasurer Name Elsie A. Lombard		
Street Address 1 Vicksburg Place			Street Address 1 Vicksburg Place		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		common		\$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 William J. Corcoran <i>William J. Corcoran, President</i>					Date 12/26/18
Signature of Authorized Representative SIGN DOCUMENT HERE					

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