



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**

JAN 28 2019 MP

BY 117  
*[Signature]*

1. Entity ID Number <b>001679419</b>		2. Exact name of the Corporation <b>NEWPORT WEALTH MANAGEMENT, INC.</b>			
3. Principal Office Address <b>30 LONGMEADOW ROAD</b>			City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>523920</b>	6. Brief description of the character of business conducted in Rhode Island <b>WEALTH MANAGEMENT</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN C. FARLEY</b>			Vice-President Name <b>NONE</b>		
Street Address <b>30 LONGMEADOW ROAD</b>			Street Address		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Secretary Name <b>CHRISTINE S. FARLEY</b>			Treasurer Name <b>CHRISTINE S. FARLEY</b>		
Street Address <b>30 LONGMEADOW ROAD</b>			Street Address <b>30 LONGMEADOW ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		CLASS/SERIES
			20		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. <b>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.</b>					
Name of Authorized Representative <b>JOHN C FARLEY</b>				Date <b>1/20/2019</b>	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	