



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

BY 117
[Signature]

| | | | | | |
|---|--------------------|---|--|----------------------------------|--------------------------|
| 1. Entity ID Number 001679419 | | 2. Exact name of the Corporation NEWPORT WEALTH MANAGEMENT, INC. | | | |
| 3. Principal Office Address 30 LONGMEADOW ROAD | | City PORTSMOUTH | | State RI | Zip 02871 |
| 4. NAICS Code 523920 | | 6. Brief description of the character of business conducted in Rhode Island WEALTH MANAGEMENT | | | |
| 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 JOHN C. FARLEY | | | Vice-President Name NONE | | |
| Street Address 30 LONGMEADOW ROAD | | | Street Address | | |
| City PORTSMOUTH | State RI | Zip 02871 | City | State | Zip |
| Secretary Name CHRISTINE S. FARLEY | | | Treasurer Name CHRISTINE S. FARLEY | | |
| Street Address 30 LONGMEADOW ROAD | | | Street Address 30 LONGMEADOW ROAD | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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. | | | | | |
| NUMBER OF SHARES 20 | | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative JOHN C FARLEY | | | | | Date 1/20/2019 |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | SIGN DOCUMENT HERE |