



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

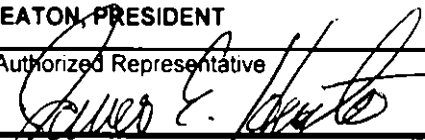
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

MAR 25 2019
TOP SECRETARY OF STATE
USE ONLY

BY

2639 DS

1. Entity ID Number 68934		2. Exact name of the Corporation NEWPORT NAUTICAL SUPPLY, INC.			
3. Principal Office Address 186 Admiral Kalbfus Road		City Newport		State RI	Zip 02840
4. NAICS Code 453991	6. Brief description of the character of business conducted in Rhode Island TO BUY AND SELL ALL KINDS OF YACHTING EQUIPMENT AND MARINER SUPPLIES; TO OPERATE A YACHT BROKERAGE AND BOAT DEALERSHIP				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JAMES E. HEATON			Vice-President Name CHRISTOPHER J. HEATON		
Street Address 63 Harrison Avenue			Street Address 7 Sycamore Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name CHRISTOPHER J. HEATON			Treasurer Name JAMES E. HEATON		
Street Address 7 Sycamore Street			Street Address 63 Harrison Avenue		
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 JAMES E. HEATON			Director Name		
Street Address 63 Harrison Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	COMMON	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 JAMES E. HEATON, PRESIDENT					Date February 19, 2019
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