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

FOR SECRETARY OF STATE USE ONLY

MAR 25 2019

BY 26039 DS

1. Entity ID Number	2. Exact name of the Corporation			
68934	NEWPORT NAUTICAL SUPPLY, INC.			
3. Principal Office Address		City	State	Zip
186 Admiral Kalbfus Road		Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
453991	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	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	NO PAR VALUE
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
JAMES E. HEATON, PRESIDENT	February 19, 2019

Signature of Authorized Representative: James E. Heaton — 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: 10/2017