



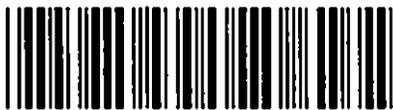
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 138230		2. Name of Corporation Newport Hospitality Group, Inc.			
3. Street Address Principal Business Office 460 McLAWS CIRCLE			City WILLIAMSBURG	State VA	Zip 23185
4. Business Phone No. 1-757-221-0100		5. State of Incorporation VIRGINIA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGER OF PROPERTY OWNED BY JEFFERSON HOSPITALITY LLC, A RHODE ISLAND LLC					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL L. PLENINGER			Vice President Name		
Street Address C/O 460 McLAWS CIRCLE			Street Address		
City WILLIAMSBURG	State VA	Zip 23185	City	State	Zip
Secretary Name WILLIAM G. CAREY, III			Treasurer Name		
Street Address 460 McLAWS CIRCLE			Street Address		
City WILLIAMSBURG	State VA	Zip 23185	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL L. PLENINGER			Director Name		
Street Address 460 McLAWS CIRCLE			Street Address		
City WILLIAMSBURG	State VA	Zip 23185	City	State	Zip
Director Name WILLIAM G. CAREY, III			Director Name		
Street Address 460 McLAWS CIRCLE			Street Address		
City WILLIAMSBURG	State VA	Zip 23185	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VALUE			100	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-3-05  
Check No. 21611  
By: 2.  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer  
MICHAEL L. PLENINGER  
Date  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer