



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation _____

FILED

JAN 29 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1003 DS

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			10. Shares Issued 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	CLASS/SERIES	PAR VALUE
			20	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. <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 1/25/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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