| | State of Rhode Island and Pro Office of the Secreta | | | | | | |
|--|--|---|--|--|--|--|--|
| Division Of Business Services | | | | | | | |
| | 148 W. River Street | | | | | | |
| | Providence RI 02904-2615 (401) 222-3040 | | | | | | |
| HOPE | (401) 222-30 | +0 | | | | | |
| Business Corporati | on | | | | | | |
| Annual Report Filing Period: January 1 - | March 1 | | | | | | |
| rilling renou. January 1 - | | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its | | | | | | | |
| annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00. | | | | | | | |
| | | | | | | | |
| ANNUAL REPORT YEAR: 2020 | | | | | | | |
| 1. Corporate ID No. 000063802 | | | | | | | |
| | | | | | | | |
| 2. Name of Corporation <u>Newport Construction Services, Inc.</u> | | | | | | | |
| 3. Street Address Principal Business Office: | | | | | | | |
| No. and Street: 1 | 5 VERNON AVE | | | | | | |
| _ | NEWPORT State: RI | Zip: <u>02840</u> Country: <u>USA</u> | | | | | |
| | | | | | | | |
| 4. Business Phone No. | | | | | | | |
| 401-847-2844 | | | | | | | |
| | | | | | | | |
| 5. State of Incorporation | on | | | | | | |
| State: <u>RI</u> | | | | | | | |
| | | | | | | | |
| ARTICLE III | | | | | | | |
| | | business conducted by the entity. Download | | | | | |
| the list of codes here. Mo | ore information on <u>NAICS</u> can be found | online. | | | | | |
| 236118 | | | | | | | |
| | | | | | | | |
| 6. Brief Description of | the Character of Business Conducte | a in Knode Island | | | | | |
| | | | | | | | |
| GENERAL CONTRACTING | | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | | |
| | | | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. | | | | | | | |
| incorporator is no longer applicable, please delete. | | | | | | | |
| Title | Individual Name | Address | | | | | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | | | | | |
| VICE PRESIDENT | SABRA K. OHANLEY | 357 TURNER ROAD | | | | | |
| | | MIDDLETOWN, RI 02842 USA | | | | | |

| PRESIDENT | WILLIAM B O'HANLEY | | 357 TURNER ROAD MIDDLETOWN, RI 02842 USA | | | | | |
|--|--------------------|---------------------|---|--|--|--|--|--|
| 8. Shares Authorized and Issued | | | | | | | | |
| Class of Stock | Series of Stock | Par Value Per Share | | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> | | | |
| CNP | | \$0.0000 | | 1,000.00 | 100 | | | |
| Signed this 30 Day of January, 2020 at 2:55:46 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By <u>SABRA K. OHANLEY</u> Signature of Authorized Representative of the Corporation | | | | | | | | |
| Form No. 630 Revised 09/07 | | | | | | | | |
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