



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
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

FEB 24 2020

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1. Entity ID Number 001689046		2. Exact name of the Corporation NEWPORT GLOBAL HOLDINGS, LTD.			
3. Principal Office Address 303 VALLEY ROAD #227		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island MANAGEMENT CONSULTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name (WILDMAN) ROUNSEVELLE W. SCHAUW			Vice-President Name -		
Street Address 303 VALLEY ROAD #227			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name (WILDMAN) ROUNSEVELLE W. SCHAUW			Director Name		
Street Address 303 VALLEY ROAD #227			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1500 CWP \$0.0100		
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 ROUNSEVELLE WILDMAN SCHAUW					Date 2/16/20
Signature of Authorized Representative R. Schauw <small>SIGN DOCUMENT HERE</small>					

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: 02/2017