RI SOS Filing Number: 202060242590 Date: 9/30/2020 4:00:00 PM

Corporation

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

→ Filing period: Jartuary 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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1, Entity ID Number	2. Exact nam	2. Exact name of the Corporation								
795739	Newport Sea	Newport Search Marketing								
3. Principal Office Address			City		State		Zip			
11 Bliss Mine Rd			Middletown		RI		02842			
4. NAICS Code		Brief description of the character of business conducted in Rhode Island								
541613	Online Mar	Online Marketing Consultant								
5. State of Incorporation RI										
7. List ALL officers (names ar	nd addresses)	···		Check t	he box to in	dicate	an attachment			
President Name Matthew Rocl	Vice-President Name									
Street Address 11 Bliss Mine F	Street Address									
^{City} Middletown	State RI	^{Zip} 02842	City		State		Zip			
Secretary Name			Treasurer Name	Treasurer Name						
Street Address			Street Address	Street Address						
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State		Zip			
8. List ALL directors (names	and addresses)			Check t	he box to in	dicate	an attachment			
Director Name	· · · · · ·		Director Name							
Street Address			Street Address	Street Address						
City	State	Zip	City		State		Zip			
Director Name			Director Name	Director Name						
Street Address			Street Address							
City	State	Zip	City		State		Zip			
9. Shares Authorized	. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment					
This information is currently or	f record in the		NUMBER OF SHARES				PAR VALUE			
Department of State.		1	1 ()			1)			
Changes require an additional	filing.					<u> </u>	<u></u>			
11. This report must be execu	uted on behalf of the	corporation by an	authorized representa	itive. If the corpor	ation is in th	ne hand	ds of a receiver or			
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or truste	θ.						
Under penalty of perjury, I ostatements, and that all sta	tements contained			ding any accom	panying sc	hedule	es and			
Name of Authorized Represe			Date							
Matthew Roche					9/26/2020					
Signature of Authorized Repr	esentative ///	where	2							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov