



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2020 OCT -7 PM 2:50

1. Entity ID Number 000123180		2. Exact name of the Corporation Newport Marine Management Corp										
3. Principal Office Address 14 Regatta Way		City Portsmouth	State RI Zip 02871									
4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island Marine Holding Company											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Daniel Kerr		Vice-President Name										
Street Address 14 Regatta Way		Street Address										
City Portsmouth	State RI	Zip 02871	City State Zip									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip	City State Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip	City State Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip	City State Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	Common	0										
Changes require an additional filing.												
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 Daniel Kerr		Date 10/6/2020										
Signature of Authorized Representative		FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 12 2021

BY 2N21C
FORM 630 - Revised: 06/2020

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