



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 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 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 Jeff Thomases			Vice-President Name Daniel Kerr											
Street Address 15 East 26th Street, 2nd Floor			Street Address 14 Regatta Way											
City New York	State NY	Zip 10010	City Portsmouth	State RI	Zip 02871									
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. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STAKES</th> <th>PAY 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/STAKES	PAY VALUE	200	Common	0			
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200	Common	0												
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 														

JAN 12 2021

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

 BY 2N2JC
 FORM 630 - Revised: 08/2020

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