



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2016

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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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 <input type="checkbox"/>												
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	City Portsmouth	State RI									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
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>PUR 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	PUR VALUE	200	Common	0			
NUMBER OF SHARES	CLASS/SERIES	PUR 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 *2021*
FORM 850 - Revised: 06/2020
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