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State of Rhode Island

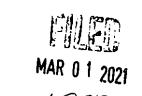
Department of State - Business Services Division

Annual Report for the year: 2021 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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Entity ID Number	2. Exact name of the Corporation							
000301032	THE NEWP	THE NEWPORT LAMPSHADE COMPANY, INC.						
3. Principal Office Address			City		State	Žip		
11 MEMORIAL BLVD.			NEWPORT		RI	02840		
4. NAICS Code		Brief description of the character of business conducted in Rhode Island						
454390	LAMPSHADES AND ANCILLARY SALES AT RETAIL.							
5. State of Incorporation	$\overline{}$							
RI								
7. List ALL officers (names an	id addresses)			Check	the box to i	ndicate an attachment 🔲		
President Name PATRICK DOLAT			Vice-President Name SAME					
Street Address 11 MEMORIAI	Street Address							
^{City} NEWPORT	State RI	Zip ₀₂₈₄₀	City		State	Zip		
Secretary Name SAME			Treasurer Name SAME					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
8. List ALL directors (names a	I and addresses)	l		Check	the box to i	indicate an attachment		
Director Name NONE	· · · · · · · · · · · · · · · · · · ·		Director Name			, , , , , , , , , , , , , , , , , , , 		
Street Address	Street Address							
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City		State	Zip		
Shares Authorized		10. Shares Is	 .sued	Check	the box to i	indicate an attachment		
This information is currently of record in the Department of State.			OF SHARES	C_ASS/SERIES		PAR VALLE		
		100	100		OMMON \$1.00			
Changes require an additional fillng.								
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	L sentative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be ex	<u>xecuted on behalf o</u>	f the corporation by	the receiver or tr	rustee.				
Under penalty of perjury, I c statements, and that all stat				ncluding any accon	npanying s	chedules and		
Name of Authorized Representative						Date		
PATRICK DOLAT						02/09/2021		
Signature of Authorized Repre	esentative (

MAIL TO:

Division of Business Services

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

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