



State of Rhode Island  
**Department of State - Business Services Division**

**FILED STAMP**

Annual Report for the year: 2021  
 Corporation

MAR 29 2021

BY VV 448

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>943953</b>		2. Exact name of the Corporation <b>NEWPORT SPORT FISHING CHARTERS AND FISH COMPANY</b>			
3. Principal Office Address <b>14 THIRD STREET</b>		City <b>AYER</b>	State <b>MA</b>	Zip <b>01432</b>	
4. NAICS Code <b>487210</b>		6. Brief description of the character of business conducted in Rhode Island <b>SPORT FISHING CHARTERS, COMMERCIAL FISHING AND ANY COMMERCIAL ACTIVITY ALLOWED UNDER UNITED STATES COAST GUARD REGULATIONS FOR UNINSPECTED PASSENGER VESSELS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DALE G. TAYLOR</b>			Vice-President Name <b>TIMOTHY S. TAYLOR</b>		
Street Address <b>14 THIRD STREET</b>			Street Address <b>33 NASHUA STREET</b>		
City <b>AYER</b>	State <b>MA</b>	Zip <b>01432</b>	City <b>AYER</b>	State <b>MA</b>	Zip <b>01432</b>
Secretary Name <b>JENNIFER A. CAMPBELL</b>			Treasurer Name <b>DALE G. TAYLOR</b>		
Street Address <b>155 PROSPECT STREET</b>			Street Address <b>14 THIRD STREET</b>		
City <b>ACTON</b>	State <b>MA</b>	Zip <b>01720</b>	City <b>AYER</b>	State <b>MA</b>	Zip <b>01432</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>- NA -</b>			Director Name <b>- NA -</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>- NA -</b>			Director Name <b>- NA -</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>CNP</b>	<b>\$1.00</b>
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 <b>DALE TAYLOR</b>				Date <b>3/22/21</b>	
Signature of Authorized Representative <i>Dale Taylor</i>					