



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JAN 5
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1. Entity ID Number <u>000062414</u>		2. Exact name of the Corporation <u>Newport Polo Inc</u>	
3. Principal Office Address <u>2503 East Main RD</u>		City <u>Portsmouth</u>	State <u>RI</u>
		Zip <u>02871</u>	
4. NAICS Code <u>711310</u>	6. Brief description of the character of business conducted in Rhode Island <u>Polo and Equestrian Promotions</u> <u>Title 7-1.1-51</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses)			
President Name <u>Daniel Keating</u>		Vice-President Name <u>Agnes Keating</u>	
Street Address <u>2503 East Main RD</u>		Street Address <u>2503 East Main RD</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02871</u>	
Secretary Name <u>Daniel Keating</u>		Treasurer Name <u>Agnes Keating</u>	
Street Address <u>2503 East Main RD</u>		Street Address <u>2503 East Main RD</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02871</u>	
8. List ALL directors (names and addresses)			
Director Name <u>Daniel Keating</u>		Director Name <u>Agnes Keating</u>	
Street Address <u>2503 East Main RD</u>		Street Address <u>2503 East Main RD</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02871</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>0</u>
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 <u>Daniel Keating</u>		Date <u>1/5/23</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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 05 2023

BY ML PNØIN

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FORM 630 - Revised: 11/2021