



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

→ 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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BUS SVCS DIV

2023 JAN -5 A 11:36

1. Entity ID Number <b>000062414</b>		2. Exact name of the Corporation <b>Newport Polo Inc</b>	
3. Principal Office Address <b>2503 East Main RD</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
4. NAICS Code <b>711310</b>	6. Brief description of the character of business conducted in Rhode Island <b>Polo and Equestrian Promotions</b>		
5. State of Incorporation <b>RI</b>	Title <b>7-1.1-51</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>Daniel Keating</b>		Vice-President Name <b>Agnes Keating</b>	
Street Address <b>2503 East Main RD</b>		Street Address <b>2503 East Main RD</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
	Zip <b>02871</b>		Zip <b>02871</b>
Secretary Name <b>Daniel Keating</b>		Treasurer Name <b>Agnes Keating</b>	
Street Address <b>2503 East Main RD</b>		Street Address <b>2503 East Main RD</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
	Zip <b>02871</b>		Zip <b>02871</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>Daniel Keating</b>		Director Name <b>Agnes Keating</b>	
Street Address <b>2503 East Main RD</b>		Street Address <b>2503 East Main RD</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
	Zip <b>02871</b>		Zip <b>02871</b>
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>0</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>Daniel Keating</b>		Date <b>1/5/23</b>	
Signature of Authorized Representative <b>[Signature]</b>		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 PNOIN**

11:37

FORM 630 - Revised: 11/2021