



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -5 A 11:36

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

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FORM 630 - Revised: 11/2021