



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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

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1. Entity ID Number 000035016		2. Exact name of the Corporation Kennedy Studios of Newport, Inc.	
3. Principal Office Address 59 America's Cup Avenue		City Newport	State RI
		Zip 02840	
4. NAICS Code 453920	6. Brief description of the character of business conducted in Rhode Island Sale of Art Objects		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Susan M Sheldon		Vice-President Name none	
Street Address 86 Middleton Avenue		Street Address	
City Newport	State RI	Zip 02840	
Secretary Name none		Treasurer Name none	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Susan M. Sheldon		Director Name none	
Street Address 86 Middleton Avenue		Street Address	
City Newport	State RI	Zip 02840	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1,000.00	CLASS/SERIES #0.00
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 Susan M Sheldon		Date 11-30-23	
Signature of Authorized Representative Susan M Sheldon			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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BY ML NCTNE
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