RI SOS Filing Number: 202446771050 Date: 2/16/2024 4:00:00 PM

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.

FILED
FEB 16 2024
BY LL 1140P

1. Entity ID Number	2. Exact name of the Corporation
1679419	NEWPORT WEALTH MANAGEMENT, INC.

3. Principal Office Address	City	State	Zip
30 LONGMEADOW ROAD	PORTSMOUTH	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
523920	WEALTH MANAGEMENT
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN C. FARLEY			Vice-President Name: NONE		
Street Address: 30 LONGMEADOW ROAD			Street Address:		
City: PORTSMOUTH	State: RI	Zip: 02871	City:	State:	Zip:
Secretary Name: CHRISTINE S. FARLEY			Treasurer Name: CHRISTINE S. FARLEY		
Street Address: 30 LONGMEADOW ROAD			Street Address: 30 LONGMEADOW ROAD		
City: PORTSMOUTH	State: RI	Zip: 02871	City: PORTSMOUTH	State: RI	Zip: 02871

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	20	COMMON	NO PARVALUE

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	Date
JOHN C. FARLEY	2/14/24

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023