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State of Rhode Island
Department of State - Business Services Division

FILED STAMP MAR 06 2024 BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
68934	NEWPORT NAUTICAL SUPPLY, INC.			
3. Principal Office Address		City	State	Zip
184 Admiral Kalbfus Road		Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
453991	TO BUY AND SELL ALL KINDS OF YACHTING EQUIPMENT AND MARINER SUPPLIES; TO OPERATE A YACHT BROKERAGE AND BOAT DEALERSHIP			
5. State of Incorporation				
RHODE ISLAND				

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

President Name	Street Address	City	State	Zip
JAMES E. HEATON	63 Harrison Avenue	Newport	RI	02840

Vice-President Name	Street Address	City	State	Zip
CHRISTOPHER J. HEATON	7 Sycamore Street	Newport	RI	02840

Secretary Name	Street Address	City	State	Zip
CHRISTOPHER J. HEATON	7 Sycamore Street	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
JAMES E. HEATON	63 Harrison Avenue	Newport	RI	02840

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

Director Name	Street Address	City	State	Zip
JAMES E. HEATON	63 Harrison Avenue	Newport	RI	02840

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR VALUE

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
JAMES E. HEATON, PRESIDENT	February 20, 2024

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