

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.									
1. Entity ID Number 68934	2. Exact name of the Corporation NEWPORT NAUTICAL SUPPLY, INC.								
3. Principal Office Address 184 Admiral Kalbfus Road		City Newport		State RI	· ·				
4. NAICS Code 453991	6. Brief description of the character of business conducted in Rhode Island TO BUY AND SELL ALL KINDS OF YACHTING EQUIPMENT AND								
5. State of Incorporation RHODE ISLAND	MARINER SUPPLIES; TO OPERATE A YACHT BROKERAGE AND BOAT DEALERSHIP								
7. List ALL officers (names and addresses) Check the box to indicate an attachment □ Vice-President Name Vice-President Name Vice-President Name									
JAMES E. HEATON			Vice-President Name CHRISTOPHER J. HEATON						
Street Address 63 Harrison Avenue			Street Address 7 Sycamore Street						
City Newport	State RI	^{Zip} 02840	City Newport		State RI		^{Zip} 02840		
Secretary Name CHRISTOPHER J. HEATON			Treasurer Name JAMES E. HEATON						
Street Address 7 Sycamore Stre	Sycamore Street			Street Address 63 Harrison Avenue					
Newport	State RI	^{Zip} 02840	City New	port	State F	રા	Zip 02840		
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name JAMES E. HEATON			Director Name						
Street Address 63 Harrison Avenue		Street Address							
Newport	State RI	^{Zip} 02840	City	ity			Zip		
Director Name Director Name									
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issue	Sued Check the box to indicate an attachment						
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES COMMON		NO PAR VALUE			
Changes require an additional filing.									
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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									
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MAIL 10: Division of Business Services 148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov