



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.

REC'D RIDOS BSD
24 APR 4 AM 10:22:22

1. Entity ID Number 000096579		2. Exact name of the Corporation Newport Outfitters, Inc.			
3. Principal Office Address 18 Elm Street			City Newport	State RI	Zip 02840
4. NAICS Code 459110		6. Brief description of the character of business conducted in Rhode Island Sale, rental, repair and distribution of bicycles, bicycle parts, supplies and equipment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas E. Kearns			Vice-President Name		
Street Address 35 Sherwood Terrace			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Thomas E. Kearns			Treasurer Name Thomas E. Kearns		
Street Address 35 Sherwood Terrace			Street Address 35 Sherwood Terrace		
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 <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			100		\$1.00
			CLASS/SERIES		
			CWP		
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 Thomas E. Kearns				Date 3/7/2024	
Signature of Authorized Representative <i>Thomas E. Kearns</i>				FILED 1024	

MAIL TO:

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

APR 04 2024

BY

CJVH