RI SOS Filing Number: 202572902250 Date: 5/5/2025 4:00:00 PM

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BUS SVCS DIV

2025 MAY 5 P 3:01

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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
000301032	THE NEWPORT LAMPSHADE COMPANY, INC

3. Principal Office Address	City	State	Zip
11 MEMORIAL BOULEVARD	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
454390	LAMPSHADES AND ANCILLARY SALES AT RETAIL
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
PATRICK DOLAT	SAME
Street Address: 11 MEMORIAL BOULEVARD	Street Address:
City: NEWPORT, State: RI, Zip: 02840	City, State, Zip:
Secretary Name: SAME	Treasurer Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

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

Director Name	Director Name
NONE	NONE
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Director Name: NONE	Director Name: NONE
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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	$1.00

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	Date
PATRICK DOLAT	APRIL 30, 2025
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