



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 APR 06 2022
 BY *[Signature]*

1. Entity ID Number <i>058156</i>		2. Exact name of the Corporation Newport On-Shore Marina, Inc			
3. Principal Office Address 405 Thames Street		City Newport		State RI	Zip 02840
4. NAICS Code 713930		6. Brief description of the character of business conducted in Rhode Island Marina Condominium Association			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Donnell W. Murphy		Vice-President Name			
Street Address 3 Wisteria Drive		Street Address			
City Walpole	State MA	Zip 02081	City	State	Zip
Secretary Name Kiki Slee-Mcmahon		Treasurer Name			
Street Address 20 School Street		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Donnell Murphy		Director Name			
Street Address 3 Wisteria Drive		Street Address			
City Walpole	State MA	Zip 02081	City	State	Zip
Director Name Kiki Slee-Macmahon		Director Name			
Street Address 3 Wisteria Drive		Street Address			
City Walpole	State MA	Zip 02081	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALU
		100		Common	No Par
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 <i>Donnell W. Murphy President</i>					Date <i>2/22/22</i>
Signature of Authorized Representative <i>[Signature]</i>					

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