



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 23 2023
 BY 76331
DS

1. Entity ID Number 000016303		2. Exact name of the Corporation Newport Music Co., Inc.			
3. Principal Office Address 849 Union St.			City Portsmouth	State RI	Zip 02871
4. NAICS Code 454210		6. Brief description of the character of business conducted in Rhode Island vending machine leasing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William J. Caragianis			Vice-President Name William J. Caragianis		
Street Address 849 Union St.			Street Address 849 Union St.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name William J. Caragianis			Treasurer Name William J. Caragianis		
Street Address 849 Union St.			Street Address 849 Union St.		
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 William J. Caragianis			Director Name None		
Street Address 849 Union St.			Street Address		
City Portsmouth	State RI	Zip 02871	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIFS	PAR VALUE
			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 <u>William J. Caragianis</u>					Date <u>1-18-23</u>
Signature of Authorized Representative					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov