

F230000004413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APPROVED
AND
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2023 JUL 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2023

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2022

SHARON MEDEIROS
PO BOX 450
NEWPORT, RI 02840

SUBJECT: BANKNEWPORT CORPORATION
Ref. Number: W22000051724

We have received your document for BANKNEWPORT CORPORATION and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 322A00009057

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BankNewport

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hollie Lussier

Name of Person

BankNewport

Firm/Company

184 John Clarke Road

Address

Middletown, RI 02842

City/State and Zip code

Hollie.Lussier@banknewport.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BankNewport
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- BankNewport Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Rhode Island 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/13/2005 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 184 John Clarke Road Middletown, RI 02842
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, FL , Florida 32301
(City) (Zip code)

2023 JUL 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Emily Brown Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: John F. Murphy
☐ Vice Chairman Address: 184 John Clarke Road
☐ Director Middletown, RI 02842
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gregory Derderian
☐ Vice Chairman Address: 184 John Clarke Road
☐ Director Middletown, RI 02842
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Hollie Lussier
☐ Vice Chairman Address: 184 John Clarke Road
☐ Director Middletown, RI 02842
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Hollie Lussier
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Hollie Lussier
(Typed or printed name and capacity of person signing application)



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, Secretary of State

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

BankNewport

a Rhode Island bank, filed an application for certificate for a financial institution in this office on the thirteenth day of April, 2005; and

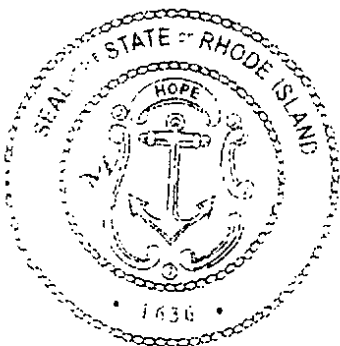
IT IS FURTHER CERTIFIED that as of this date said bank is duly organized and existing under and by virtue of the laws of the State of Rhode Island.

*SIGNED AND SEALED the nineteenth
day of April, 2023.*

Gregg M. Amore

Secretary of State

BY *Anna Antonelli*





Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

June 22, 2023

Ms. Amanda DiBiasio
184 John Clarke Road
Middletown, Rhode Island 02842

Re: **BankNewport**

Dear Ms. DiBiasio:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by BankNewport. The bank is a Rhode Island state-charted bank, headquartered in Newport, Rhode Island, and regulated by the Rhode Island Department of Business Regulation Division of Banking.

Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Jeremy W. Smith
Director
Division of Financial Institutions
Office of Financial Regulation

JWS:jrj

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State