



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 136526		2. Exact name of the limited liability company NEWPORT COMMERCIAL MOORING #750, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL MOORINGS		
5. Principal office address 355 INDIAN AVENUE		City PORTSMOUTH	State RI	Zip 02871-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name JOHN K MCCOLLOCH		Contact Title		
Street Address 355 INDIAN AVENUE		City PORTSMOUTH	State RI	Zip 02871-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE <small>(ALL SPACES BEFORE FILING THIS STATEMENT MUST BE FOR ATTACHMENT) <input type="checkbox"/></small> <small>ANY MODIFICATIONS TO MANAGERS REQUIRE FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) / 7-16-52</small>				
Manager Name <i>John K McCulloch</i>		Manager Name		
Street Address <i>355 Indian</i>		Street Address		
City <i>Providence</i>	State <i>RI</i>	Zip <i>02871</i>	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name ALEXANDER G. WALSH, ESQ.		Address P.O. BOX 755		
Address 366 THAMES STREET		City NEWPORT	Zip 02840-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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File Date **FILED**

Check No. **JUL 27 2007**

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY **32787**

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.

[Signature] 7/29/07
Signature of Authorized Person Date
A WALSH
Print or Type Name of Authorized Person

ck# 1192