



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. Water Street  
Providence, RI 02904-2615  
(401) 222-3600

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |       |   |                   |
|---|-------|---|-------------------|
| 1. ID No.<br>154243   |       | 2. Exact name of the limited liability company<br>Newport Sales, LLC  |                   |
| 3. State of formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Sale of Building and Contracting Materials |                   |
| 5. Principal office address<br>296 Hamilton Avenue, Unit 2  |       | City<br>Norwich   | State<br>CT       |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>Kim Curtin  |       | Contact Title<br>Member   | Zip<br>06351      |
| Street Address<br>296 Hamilton Avenue, Unit 2   |       | City<br>Norwich   | State<br>CT       |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       | Zip<br>06351  |                   |
| Manager Name  |       | Manager Name  |                   |
| Street Address  |       | Street Address  |                   |
| City  | State | Zip   | City              |
| Manager Name  |       | Manager Name  |                   |
| Street Address  |       | Street Address  |                   |
| City  | State | Zip   | City              |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |   |                   |
| Agent Name<br>InCorp Services, Inc.   |       | Address<br>107 Danielson Pike   |                   |
| Address   |       | City<br>North Scituate, RI  | Zip<br>02857-1800 |

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

154243

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.

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 29 2007</b> |
| By:                             | <i>gmj</i> 40787   |
| FOR SECRETARY OF STATE USE ONLY |                    |

Signature of Authorized Person: *[Signature]* Date: \_\_\_\_\_  
 Kim Curtin, Member  
 Print or Type Name of Authorized Person