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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
159622	NEWPORT TT JG LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	LLC HOLDS INTEREST IN REAL ESTATE AT NEWPORT, RHODE ISLAND

5. Principal office address	City	State	Zip
C/O GOELET, LLC 425 PARK AVENUE, 28TH FLOOR	NEW YORK	NY	10022

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
THOMAS G. ANTOSHAK	VICE PRESIDENT

Street Address	City	State	Zip
C/O GOELET, LLC 425 PARK AVENUE, 28TH FLR.	NEW YORK	NY	10022

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
GOELET, LLC	425 PARK AVENUE, 28TH FLOOR	NEW YORK	NY	10022

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORORATION SERVICE COMPANY	222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 159622 [redacted]

FILED
File Date OCT 28 2007
Check No. By 349624
By:
FOR SECRETARY OF STATE USE ONLY
15342-2-195536

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 of Authorized Person *Date* 10-18-07

[redacted] THOMAS G. ANTOSHAK
Print or Type Name of Authorized Person

Form 632 Rev. 6/02