



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 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. 155314		2. Exact name of the limited liability company NEWPORT BIODIESEL, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Production and sale of biodiesel	
5. Principal office address 312 Connell Highway		City Newport	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Nat Harris		Contact Title Production Manager	Zip 02840
Street Address 312 Connell Highway		City Newport	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		City Newport	State RI
Manager Name Nat Harris		Manager Name Myles T. Standish	Zip 02840
Street Address 3 Almy Ct		Street Address 79 Bliss Mine Rd	City Newport
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Manager Name Robert Morton		Manager Name Edwin W. Beeth	
Street Address Ellery Rd		Street Address 830 Third Beach Rd	
City Newport	State RI	City Middletown	State RI
Zip 02840		Zip 02842	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

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 *Nat Harris* Date 9/21/2007
Print or Type Name of Authorized Person Nat Harris

File Date	FILED
Check No.	OCT 01 2007
By:	By 001015
FOR SECRETARY OF STATE USE ONLY	