RI SOS Filing Number: 200702517170 Date: 10/09/2007 4:00 PM

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.	2. Exact name of the limited liability company
145281	NEWPORT WEALTH SOLUTIONS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ACQUIRE, SELL, HOLD, MANAGE, INVEST IN AND HOLD FOR APPRECIATION A VARIETY OF ASSETS, INCLUDING BUT NOT LIMITED TO REAL ESTATE, ACTING AS AGENT, BROKER AND RECEIVING COMMISSION

5. Principal office address	City	State	Zip
580 THAMES ST.	NEWPORT	RI	02840

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

Contact Name	Contact Title
KIM Prefontaine	MGR/MEMBER

Street Address	City	State	Zip
P.O. Box 626	Newport	Rhode Island	02840

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) ☐

Manager Name	Street Address	City	State	Zip
KIMBERLY A PREFONTAINE	P.O. BOX 626	NEWPORT	RI	02840

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
RICHARD N. SAYER, ESQ.	SAYER REGAN THAYER & FLANAGAN	NEWPORT	02840-
	130 BELLEVUE AVENUE		

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

[redacted] [redacted]

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* 10/4/2007

[redacted]

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 09 2007
By:	453
	By: 75-25-105006

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07