



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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 164797		2. Exact name of the limited liability company Newport Investment Management LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island engage in investment management, advisory services and general management and research	
5. Principal office address 38 Washington Square		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert E. Cusack		Contact Title Authorized Person	
Street Address 38 Washington Square		City Newport	State RI
		Zip 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) <input type="checkbox"/>			
Manager Name Robert E. Cusack		Manager Name Matthew T. Lenehan	
Street Address 38 Washington Square		Street Address 38 Washington Square	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Theodore B. Howell, Esq		Address	
Address 180 South Main Street		City Providence	Zip 02903

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

FILED

OCT 07 2009

File Date	By <u>157374 1036</u>
Check No.	<u>9-100602</u>
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Robert E. Cusack 9-22-09
Signature of Authorized Person Date
Robert E. Cusack
Print or Type Name of Authorized Person