



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000121505		2. Exact name of the limited liability company R.K. Newport 1, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT AND MANAGEMENT			
5. Principal office address 456 PROVIDENCE HIGHWAY		City DEDHAM	State MA	Zip 02026	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name		Contact Title			
Street Address P.O. BOX 111		City DEDHAM	State MA	Zip 02027-0111	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name DAVID KATZ		Manager Name RAANAN KATZ			
Street Address 456 PROVIDENCE HIGHWAY		Street Address 456 PROVIDENCE HIGHWAY			
City DEDHAM	State MA	Zip 02026	City DEDHAM	State MA	Zip 02026
Manager Name SABRA KATZ		Manager Name			
Street Address 456 PROVIDENCE HIGHWAY		Street Address			
City DEDHAM	State MA	Zip 02026	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 20 2013

By *MMC*
CA #101483

File Date _____

Check No _____

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.

[Signature] **09/16/2013**
 Signature of Authorized Person Date

DAVID KATZ
 Print or Type Name of Authorized Person