



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. <b>000121505</b>		2. Exact name of the limited liability company <b>R.K. Newport 1, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE DEVELOPMENT AND MANAGEMENT</b>			
5. Principal office address <b>456 PROVIDENCE HIGHWAY</b>		City <b>DEDHAM</b>		State <b>MA</b>	Zip <b>02026</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name		Contact Title			
Street Address <b>P.O. BOX 111</b>		City <b>DEDHAM</b>		State <b>MA</b>	Zip <b>02027-0111</b>
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>DAVID KATZ</b>		Manager Name <b>RAANAN KATZ</b>			
Street Address <b>456 PROVIDENCE HIGHWAY</b>		Street Address <b>456 PROVIDENCE HIGHWAY</b>			
City <b>DEDHAM</b>	State <b>MA</b>	Zip <b>02026</b>	City <b>DEDHAM</b>	State <b>MA</b>	Zip <b>02026</b>
Manager Name <b>SABRA KATZ</b>		Manager Name			
Street Address <b>456 PROVIDENCE HIGHWAY</b>		Street Address			
City <b>DEDHAM</b>	State <b>MA</b>	Zip <b>02026</b>	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 *MNC*  
*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 of Authorized Person

**09/16/2013**

Date

**DAVID KATZ**

Print or Type Name of Authorized Person