

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.

Entity ID No.	2. Exact	name of the limited in	130						
86911	Newpo	2. Exact name of the limited liability company Newport Vineyards and Winery, LLC							
	,	and an	a willery, LLC						
State of Formation	4. Brief de	escription of the char							
Rhode Island	Operat	Brief description of the character of business conducted in Rhode Island Operating Vineyard and Winery							
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Principal office address	s _		City						
909 East Main Road			Sai e si	State	Zip				
MAILING ADDRESS (F LIMITED LIABIL	TTY COMPANY AND	NAME OF TITLE OF CONTACT P	RI	02842				
ohn F. Nunes	·		Contact Title	ERSON:	er servering in 12 to 1				
reet Address					· · · · · ·				
09 East Main Roa	d		City	State	7:				
			Middletown		Zip 02842				
X BOX FOR ATTAC	HMENT\	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE NO	0.042				
nager Nama					VAL TIST WENDE				
·	•		Manager Name						
eet Address		A -	Characteristics						
	. .		Street Address	· · · · · · · · · · · · · · · · · · ·					
	Stain	Zip	City						
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Information is current	ly of record in the	Office of the C	是 医影响 使用。但是在可能的影响						
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Form No. 632 Revised: 01/2012 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.

Print or Type Name of Authorized Person