

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

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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.

### Address City State Zip City State Zip Manager Name Manager Name Street Address State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip RI	1. Entity ID No. 163832		2. Exact name of the limited liability company NEWPORT HARBOR REALTY, LLC				
S. Principal office address 294 VALLEY ROAD S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MATTHEW HADFIELD Street Address 294 VALLEY ROAD City MIDDLETOWN RI Zip Q2842 Zip City State Zip City State Zip Namager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Street Address City State Zip Manager Name Street Address City State Zip Anager Name Street Address	3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
### Address City State Zip City State Zip Manager Name Manager Name Street Address State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip RI	RI	REAL ES	REAL ESTATE HOLDING COMPANY				
Contact Name MATTHEW HADFIELD Street Address 294 VALLEY ROAD 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip Manager Name Street Address City State Zip Anager Name Street Address City State Zip Anager Name Street Address	5. Principal office address 294 VALLEY ROAD					Zip 02842	
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294 VALLEY ROAD MIDDLETOWN RI 02842 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address City State Zip	Contact Name MATTHEW HADFIELD			Contact Title			
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City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name	Manager Name		
Manager Name Manager Name Street Address City State Zip City State Zip State Zip State Zip	Street Address			Street Address	Street Address		
Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip	
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name	Manager Name		
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
	8. RESIDENT AGENT IN F	RHODE ISLAND			<u> </u>		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require fil	ing Form 642.		

FILED

OCT 2 4 2014

<u>~_5an55</u>

File Date	Under penalty of perjury, I declare and affirm that I have examined this repogl, including any accompanying schedules and statement		
	and that/all/state/nents contained herein are true and correct.		
Check No			
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	MATTHEW HADFIELD		
TON SECHEIANT OF STATE COLONE.	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012