



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

2015

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. 950759		2. Exact name of the limited liability company 1479 Newport Avenue LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island to operate & manage real estate business, including purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate			
5. Principal office address 160 Burkhall Street #303		City Weymouth	State MA	Zip 02190	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Georgia Dolianitis		Contact Title Manager			
Street Address 160 Burkhall Street #303		City Weymouth	State MA	Zip 02190	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name Georgia Dolianitis		Manager Name			
Street Address 160 Burkhall Street #303		Street Address			
City Weymouth	State MA	Zip 02190	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 24 2015

BY M256978

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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.

Georgia Dolianitis 09/09/2015
 Signature of Authorized Person Date

Georgia Dolianitis, Manager

Print or Type Name of Authorized Person