



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 2015

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. 872417		2. Exact name of the limited liability company NEWPORT REALTY ASSOCIATES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 1495 NEWPORT AVE.		City PAWTUCKET	State R.I.	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RALPH R. RYAN, ESQ.		Contact Title MANAGER			
Street Address 1495 NEWPORT AVE.		City PAWTUCKET	State R.I.	Zip 02861	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (X) BOX OF ATTACHMENT ☐					
Manager Name RALPH R. RYAN, ESQ.		Manager Name DEBORAH J. RYAN			
Street Address 1495 NEWPORT AVE.		Street Address 1495 NEWPORT AVE.			
City PAWTUCKET	State R.I.	Zip 02861	City PAWTUCKET	State R.I.	Zip 02861
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

OCT 19 2015

BY

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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

Date

RALPH R. RYAN, ESQ.

Print or Type Name of Authorized Person