

## 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 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. 796368	Exact name of the limited liability company     Newtop, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Estate Holding				
5. Principal office address 1615 Pontiac Avenue			City Cranston	State RI	Zip <b>02920</b>
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	
Contact Name Frank Messina			Contact Title		
Street Address 1615 Pontiac Avenue			City Cranston	State RI	Zip <b>02920</b>
7. LIST ALL MANAGERS	(NAMES AND ADD		LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN F	HODE ISLAND				
		e Office of the Sec	retary of State. Changes requir	e filing Form 642.	

## **FILED**

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. 11/18/2015 Signature of Authorized Person Date Jack Capuano FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012