



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 121699		2. Exact name of the Limited Liability Company NEWPORT CREAMERY, LLC			
3. NAICS Code 72 - Accommodation and Food		4. Brief description of the character of business conducted in Rhode Island RESTAURANT BUSINESS AND SALE OF ICE CREAM PRODUCTS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 35 SOCKANOSSET CROSS ROAD		City CRANSTON		State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM N. JANIQUES			Contact Title PRESIDENT		
Street Address 35 SOCKANOSSET CROSS ROAD		City CRANSTON		State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name WILLIAM N. JANIQUES			Manager Name CYNTHIA JANIQUES SIMONSON		
Street Address 35 SOCKANOSSET CROSS ROAD			Street Address 35 SOCKANOSSET CROSS ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Cynthia J Simonson				Date 9/7/16	
Signature of Authorized Person 				SIGN DOCUMENT	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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