

Annual Report for the year:	2016	
Limited Liability Company		
→ Filing period: September 1 - No	vember 1	

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

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1. Entity ID Number	2. Exact name of the Limited Liability Company							
506663	NewportReviews.com, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
51 - Information	provide and maintain a website to plan, support and promote Newport County							
5. State of Formation								
Rhode Island								
6. Principal Office Address	ce Address			State		Zip		
31 America's Cup Ave			Newport	RI		02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Joseph H. Olaynack III			Contact Title					
Street Address 31 America's Cup Ave		City Newport	State F	રા	^{Zip} 02840			
8. List ALL managers (names and addresses) of the 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		
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 1.4 11 / Date / /								
William J. Corcoran Member Member Member								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 1 4 2016

FORM 632 - Revised: 08/2016