




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<br><b>131871</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Newport Harbor Commercial Mooring 751, LLC</b>                                     |                             |                        |                                  |
| 3. NAICS Code<br>81 - Other Services (except Pub  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership of commercial mooring in Newport Harbor</b> |                             |                        |                                  |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |                             |                        |                                  |
| 6. Principal Office Address<br><b>26 Wickham Road</b>   |       | City<br><b>Newport</b>  |                             | State<br><b>RI</b>     | Zip<br><b>02840</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                        |                                  |
| Contact Name <b>Glenn Darden</b>  |       |   | Contact Title <b>Member</b> |                        |                                  |
| Street Address <b>26 Wickham Road</b>   |       |   | City <b>Newport</b>         |                        | State <b>RI</b> Zip <b>02840</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                        |                                  |
| Manager Name <b>None</b>  |       |   | Manager Name <b>None</b>    |                        |                                  |
| Street Address  |       |   | Street Address              |                        |                                  |
| City  | State | Zip   | City                        | State                  | Zip                              |
| Manager Name <b>None</b>  |       |   | Manager Name <b>None</b>    |                        |                                  |
| Street Address  |       |   | Street Address              |                        |                                  |
| City  | State | Zip   | City                        | State                  | Zip                              |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                             |                        |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                             |                        |                                  |
| <b>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.</b> |       |   |                             |                        |                                  |
| Name of Authorized Person<br><b>GLENN DARDEN</b>  |       |   |                             | Date<br><b>11/1/16</b> |                                  |
| Signature of Authorized Person<br>   |       |   |                             | SIGN DOCUMENT HERE     |                                  |

**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**

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