




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

**Annual Report for the year:** 2017

**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.

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 BUS SVCS DIV  
 2017 SEP 29 PM 3:50

1. Entity ID Number <b>950759</b>		2. Exact name of the Limited Liability Company <b>1479 Newport Avenue LLC</b>			
3. NAICS Code <b>53 - Real Estate and Rental ar</b>		4. Brief description of the character of business conducted in Rhode Island <b>to operate and manage a real estate business, including purchasing, selling, leasing, mortgaging, marketing, improving, maintaining &amp; managing real estate</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>160 Burkhall Street #303</b>			City <b>Weymouth</b>	State <b>MA</b>	Zip <b>02190</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Georgia Dolianitis</b>			Contact Title		
Street Address <b>160 Burkhall Street #303</b>			City <b>Weymouth</b>	State <b>MA</b>	Zip <b>02190</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Georgia Dolianitis</b>			Manager Name		
Street Address <b>160 Burkhall Street #303</b>			Street Address		
City <b>Weymouth</b>	State <b>MA</b>	Zip <b>02190</b>	City	State	Zip
Manager Name			Manager Name		
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					
<i>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.</i>					
Name of Authorized Person <b>Georgia Dolianitis</b>				Date <b>09/09/2017</b>	
Signature of Authorized Person 					

**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**

**SEP 29 2017**

BY CK 313747

FORM 632 - Revised: 02/2017

CK# 1043