

R.I. DEPT. DE STATE BUS STOS DIV

2017 SEP 2.9. PM: 3: 50

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.

1. Entity ID Number	2 Exact name of the Limited Liability Company					
950759	1479 Newport Avenue LLC					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	to operate and manage a real estate business, including purchasing, selling, leasing, mortgaging,					
5. State of Formation	marketing, improving, maintaining & managing real estate					
Rhode Island						
6. Principal Office Address			City	State	Zip	
160 Burkhall Street #303			Weymouth	MA	02190	
7 Mailing Address of Limited Lia	bility Company	and Name or Titl	e of Contact Person			
Contact Name Georgia Dolianitis			Contact Title			
Street Address 160 Burkhall Street #303			City Weymouth	State MA	Z ₁ p 02190	
8 List ALL managers (names ar		f the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST N	IEMBER\$	
Manager Name Georgia Dolianitis			Manager Name			
Street Address 160 Burkhall Street #303			Street Address			
City Weymouth	State MA	Zip 02190	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u> </u>	.1	1	Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This information	on is currently of re	cord with the Department of Sta	ate. Changes require filing	g Form 642	
Under penalty of perjury, I dec statements, and that all staten			•	ng any accompanying	schedules and	
Name of Authorized Person				Date		
Georgia Dolianitis				09/09	09/09/2017	
Signature of Authorized Person Signature of 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

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BY Cu 313747

FORM 632 - Revised: 02/2017

UH 1043