



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. ID No. 000746389

2. Exact Name of the Limited Liability Company NEWPORT HANGARS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO (I) LEASE PROPERTY FROM RIAC PURSUANT TO THE GROUND LEASE; (II) CONSTRUCT, OPERATE AND MAINTAIN THE FACILITIES; AND (III) ENGAGE IN ANY BUSINESS PERMITTED UNDER THE ACT WHICH THE MEMBERS SHALL DEEM DESIRABLE OR EXPEDIENT FOR THE PROTECTION OR BENEFIT OF THE COMPANY AND THE PROTECTION OF ITS ASSETS.

5. Principal Office Address

No. and Street: C/O DUFFY & SWEENEY, LTD.
ONE FINANCIAL PLAZA, STE 1800

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOSHUA L. CELESTE, ESQ. Contact Title:
No. and Street: DUFFY & SWEENEY, LTD.
ONE FINANCIAL PLAZA, STE 1800

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DAVID P. MARTLAND, ESQ. 1100 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

Signed this 23 Day of May, 2018 at 11:15:38 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSHUA L. CELESTE, ESQ., AUTHORIZED PERSON
Signature of Authorized Person

Form No. 632
Revised 09/07



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 23, 2018 11:15 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

