RI SOS Filing Number: 201876155490 Date: 8/27/2018 4:00:00 PM

Annual Report for the year: 2018
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 1658236		2. Exact name of the Limited Liability Company 435 THAMES NEWPORT, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	COMMERCIAL BUILDING					
5. State of Formation	7					
RI						
6. Principal Office Address			City	State	Zip	
111 GULF ROAD			SOUTH DARMOUTH	MA	02748	
7. Mailing Address of Limited L	iability Compa	any and Name or		•		
Contact Name KATHLEEN A. STAAB			Contact Title MANAGER			
Street Address 111 GULF ROAD			City SOUTH DARMOUTH	State ME	^{Zıp} 02748	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
-		<u> </u>		heck the box to is	lndicate an attachment [7]	
9. Resident Agent in Rhode Isla	and. This inform	mation is currently	of record with the Department of State. C			
Under penalty of perjury, I de statements, and that all state			examined this report, including an true and correct.	y accompanyin	g schedules and	
Name of Authorized Person				.Date		
KATHLEEN ANN STAAB		1		1 8/2	3/2014	
Signature of Authorized Person	m A	W// SIG	N DOCUMENT HERE			
- Maria VI		* 1/				

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.

AUG 2 7 2018

BY 310589-05

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