



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

STAMP

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 000142431		2. Exact name of the Limited Liability Company NEW CITY CONRAD, LLC	
3. NAICS Code 53 - REAL ESTATE		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 36 EXCHANGE TERRACE		City PROVIDENCE	State RI
		Zip 02903-1743	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name EDMUND A. RESTIVO, JR.		Contact Title MANAGER	
Street Address 36 EXCHANGE TERRACE		City PROVIDENCE	State RI
		Zip 02903-1743	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			
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.			
Name of Authorized Person EDMUND A. RESTIVO, JR.		Date 9-28-18	
Signature of Authorized Person		SIGN DOCUMENT HERE MR	

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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SEP 25 2018

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