



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 <i>53110</i> 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	Zip	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 EDMUND A. RESTIVO, JR.				Date <i>9-28-18</i>	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE <i>MR</i>	

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 25 2018
 BY 1440 DS