STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
872417	NEWPORT REALTY ASSOCIATES, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	REAL ESTATE MANAGEMENT (531110)		
5. Principal office address	City	State	Zip
1495 NEWPORT AVE.	PAWTUCKET	R.I.	02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
RALPH R. RYAN, ESQ.	MANAGER		
Street Address	City	State	Zip
1495 NEWPORT AVE.	PAWTUCKET	R.I.	02861

7. LIST **ALL** MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
RALPH R. RYAN, ESQ.	DEBORAH J. RYAN
Street Address	Street Address
1495 NEWPORT AVE.	1495 NEWPORT AVE.
City / State / Zip	City / State / Zip
PAWTUCKET / R.I. / 02861	PAWTUCKET / R.I. / 02861
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
SEP 2 6 2018
CV 1457

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY.

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.

9-24-18
Signature of Authorized Person — Date

RALPH R. RYAN, ESQ.
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012