



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 506663		2. Exact name of the Limited Liability Company NewportReviews.com, LLC			
3. NAICS Code 541511		4. Brief description of the character of business conducted in Rhode Island provide and maintain a website to plan, support and promote Newport County			
5. State of Formation Rhode Island					
6. Principal Office Address 43 B Memorial Blvd, 2nd Floor			City Newport	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Joseph H. Olaynack III			Contact Title		
Street Address 43 B Memorial Blvd			City Newport	State RI	Zip 02840
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 ☐					
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 William J. Corcoran				Date 9/27/18	
Signature of Authorized Person <i>William J. Corcoran</i> MEMBER					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FILED

OCT 01 2018

BY **43341 DS**

FORM 632 - Revised: 08/2017