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 | 2. Exact name of the Limited Liability Company |
|---|---|
| **506663** | **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 | City | State | Zip |
|---|---|---|---|
| **43 B Memorial Blvd, 2nd Floor** | **Newport** | **RI** | **02840** |

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

| Contact Name | Contact Title | | |
|---|---|---|---|
| **Joseph H. Olaynack III** | | | |
| 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.

***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 | Date |
|---|---|
| **William J. Corcoran** | 9/27/18 |

Signature of Authorized Person: William J. Corcoran, MEMBER SIGNATURE HERE

**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
OCT 01 2018
BY 43341 DS

FORM 632 - Revised: 08/2017