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

FILED

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OCT 0 9 2018

BY _____

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 **1672916**	2. Exact name of the Limited Liability Company **NEWPORT HOWARD, LLC**			
3. NAICS Code **53 1110**	4. Brief description of the character of business conducted in Rhode Island *Lessor of residential property in Newport, RI*			
5. State of Formation **Rhode Island**				

6. Principal Office Address **35 Rutherford Avenue #3**	City **Boston**	State **MA**	Zip **02129**

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

Contact Name **Brendan Daly**	Contact Title **Manager**		
Street Address **35 Rutherford Avenue #3**	City **Boston**	State **MA**	Zip **02129**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Nam			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 *Brendan Daly*	Date **9/28/19**
Signature of Authorized Person *[signature]* SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017