Si Si	tate of Rhode Island and Pr Office of the Secret		ns Fee: \$50.0
	Division Of Busines 148 W. River Providence RI 029	Street	
HOPE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability con n thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
<b>1. ID No.</b> <u>001340469</u>	)		
2. Exact Name of the Lir	nited Liability Company NEWP	ORT CONSULTING I	LC
3. State of Formation			
State: RI			
—	ARTICLE III		
<u>541618</u>			
4. Brief Description of the	e Character of the Business Whic	h is Actually Conducte	d in Rhode Island
BUSINESS, MARKET A FINANCIAL AND ELECTRONICS INDUS	AND TECHNOLOGY CONSUL	TING IN THE SEMIC	CONDUCTOR,
5. Principal Office Addres	SS		
No. and Street: 42 H	ARRISON AVENUE		
City or Town: <u>NEW</u>	<u>/PORT</u> Sta	tte: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nam	e or Title of Contact Po	erson:
Contact Name: Contact			
	A <u>RRISON AVENUE</u> PORT Sta	te: RI Zip: 02840	Country: USA
·	Each Manager of the Limited Lia		·
Title	Individual Name	Addı	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN JOSEPH GREICHEN JR 42 HARRISON AVENUE NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of June, 2019 at 10:35:17 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOHN GREICHEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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