



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

Annual Report for the year: 2019
 Limited Liability Company

FILED
 OCT 17 2019
 1002

- 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 001663628		2. Exact name of the Limited Liability Company NEWEL PRI LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation NEW YORK					
6. Principal Office Address 32-00 SKILLMAN AVENUE			City LONG ISLAND CITY	State NY	Zip 11101
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name LEWIS BAER			Contact Title MANAGER		
Street Address 32-00 SKILLMAN AVENUE			City LONG ISLAND CITY	State NY	Zip 11101
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LEWIS BAER			Manager Name		
Street Address 32-00 SKILLMAN AVENUE			Street Address		
City LONG ISLAND CITY	State NY	Zip 11101	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 LEWIS J BAER				Date 10/14/19	
Signature of Authorized Person 					

MAIL TO:
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