



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

**Annual Report for the year:** 2019

**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.

**FILED**  
 STATE  
 NOV 18 2019  
 BY 37892  
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1. Entity ID Number <b>1677159</b>		2. Exact name of the Limited Liability Company <b>NEWPORT DREAM, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE HOLDING</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>23 MURIFIELD CIRCLE</b>			City <b>ANDOVER</b>	State <b>MA</b>	Zip <b>01810</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Michael James Nahill</b>			Contact Title <b>OWNER</b>		
Street Address <b>23 Murifield Circle</b>			City <b>Andover</b>	State <b>ma</b>	Zip <b>01810</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Michael James Nahill</b>			Manager Name		
Street Address <b>23 Murifield Circle</b>			Street Address		
City <b>Andover</b>	State <b>ma</b>	Zip <b>01810</b>	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.					
<b>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.</b>					
Name of Authorized Person <b>Michael Nahill</b>				Date <b>11.2.19</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**MAIL TO:**

**Division of Business Services**

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