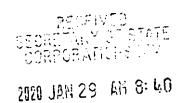


Annual Report for the year: 2018 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.



FOR STATE STATE USE STATE

1. Entity ID Number 796368	2. Exact name of the Limited Liability Company NEWTOP LLC					
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY					
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
535 ATWOOD AVENUE SUITE 1			CRANSTON	RI	02920	
7. Mailing Address of Limited Lia	bility Compa	ny and Name o	r Title of Contact Person			
Contact Name WILLIAM L GOLATO			Contact Title CPA			
Street Address 535 ATWOOD AVENUE SUITE 1			City CRANSTON	State RI	^{Zip} 02920	
8. List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICAL	BLE - 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 Islan	nd. This inform	ation is currently	of record with the Department of Sta	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ig any accompanyir	ng schedules and	
Name of Authorized Person				Date	Date	
JACK CAPUANO				01/27/2	0	
Signature of Authorized Person	n. e.	SIC	SN DOCUMENT 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

JAN 29 2020 8:4/

FORM 632 - Revised: 10/2017