	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000506663</u>			
2. Exact Name of the Limited Liability Company <u>NEWPORTREVIEWS.COM, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541511</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
DEVELOP AND MAIN COUNTY EVENTS	TAIN A WEBSITE TO PLAN, S	UPPORT AND PROMOTE 1	NEWPORT
5. Principal Office Addre	SS		
No. and Street: <u>43 B M</u>	IEMORIAL BOULEVARD		
City or Town: <u>NEWP</u>	PORT	State: <u>RI</u> Zip: <u>02840</u> Con	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>JOSEPH H. OLAYNACK, III, ESQ.</u> Contact Title: No. and Street: 43 B MEMORIAL BOULEVARD			
City or Town: <u>43 B W</u>		State: <u>RI</u> Zip: <u>02840</u> Cou	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country

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

JOSEPH H. OLAYNACK III, ESQ. 43 MEMORIAL BOULEVARD, SECOND FLOOR 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 21 Day of October, 2020 at 9:22:25 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 JOSEPH H. OLAYNACK, III, ESQ. Signature of Authorized Person

Form No. 632 Revised 09/07

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