	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S	Street	
HOPE	Providence RI 029 (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>000105409</u>			
2. Exact Name of the Limited Liability Company <u>NEWPORT VENTURES, 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 here. More information on NAICS can be found online.			
<u>531390</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
HOLD, MANAGE, LEASE, ACQUIRE AND SELL REAL ESTATE; MANAGE AND HOLD PROPERTY AT 31 AMERICAS CUP AVE, NEWPORT, RHODE ISLAND			
5. Principal Office Addre	ess		
No. and Street: <u>19 BR</u> City or Town: <u>NEWP</u>	<u>OWN & HOWARD WHARF</u> P <u>ORT</u>	State: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: STACIE E MILLS Contact Title: MEMBER			
No. and Street: <u>19 BR(</u> City or Town: <u>NEWP</u>	<u>OWN & HOWARD WHARF</u> <u>ORT</u>	State: <u>RI</u> Zip: <u>02840</u>	Country: <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	6
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country
MANAGER	SPURIA S.A.	C/O 31 AMERICAS NEWPORT, RI 02	

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

NEIL P. GALVIN 10A WASHINGTON SQUARE 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 25 Day of October, 2020 at 3:28:55 PM 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 <u>STACIE E MILLS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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