



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

FILED STAMP

Annual Report for the year: 2020
Limited Liability Company

OCT 30 2020 FOR
 CLERK OF STATE
 USE ONLY

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY 1080g

1. Entity ID Number 950759		2. Exact name of the Limited Liability Company 1479 Newport Avenue LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island to operate and manage a real estate business, including purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate			
5. State of Formation Rhode Island					
6. Principal Office Address 700 Huron Avenue, Apt. 6F			City Cambridge	State MA	Zip 02138
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Georgia Dolianitis			Contact Title		
Street Address 700 Huron Avenue, Apt. 6F			City Cambridge	State MA	Zip 02138
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <i>Same as above</i>			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 <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.					
<i>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.</i>					
Name of Authorized Person Georgia Dolianitis				Date 8/25/2020	
Signature of Authorized Person <i>[Signature]</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov