	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290 (401) 222 30	treet 04-2615	
HOPE	(401) 222-304	40	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 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			
<b>1. ID No.</b> <u>001664924</u>			
2. Exact Name of the Limited Liability Company <u>What'sUpNewp, 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>511199</u>			
A Drief Description of the Observator of the Dusiness Which is Astually Ose dusted in Dhede Island			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ONLINE NEWS AND INFORMATION PUBLISHER			
5. Principal Office Addre	SS		
	) BELLEVUE AVE		
The and street. $\frac{270}{413}$			
City or Town: $\overline{NE}$	EWPORT State	: <u>RI</u> Zip: <u>02840</u>	Country: <u>US</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>RYAN M BELMORE</u> Contact Title: <u>WHAT' UP NEWP</u> No. and Street: <u>270 BELLEVUE AVE</u> #184			
	<u>4</u> <u>WPORT</u> State	: <u>RI</u> Zip: <u>02840</u>	Country: <u>US</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country

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

<u>UNITED STATES CORPORATION AGENTS, INC.</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 5 Day of November, 2020 at 9:37:48 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 <u>RYAN M BELMORE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved