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State of Rhode Island

## **Department of State - Business Services Division**

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Annual Report for the year: 2019
Limited Liability Company

2021 FEB 23 PM 12: 36

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 130261	2. Exact name of the Limited Liability Company Newport Green, LLC.					
3. NAICS Code 53110()	4. Brief description of the character of business conducted in Rhode Island Purchasing, leasing, sale of real estate and any other lawful purpose					
5. State of Formation Rhode Island						
6. Principal Office Address 580 Thames Street			City Newport	State RI	Zip 02840	
7. Mailing Address of Limited Lla	bility Company	and Name or Title	of Contact Person	<del></del>	<del>-,+</del>	
Contact Name Christine Melucci			Contact Title Member			
Street Address 580 Thames Street			City Newport	State RI	Zip 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all statem	iere and affirm	that I have exem	nined this report, inclu	ding any accompanying	schedules end	
Name of Authorized Person			Date	Date		
Christine Melucci			2/22	2/22/21		
Signature of Authorized Person  Wish  Mull						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode leland 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

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FORM 632 - Revised: 08/2020