



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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Annual Report for the year: 2017
Limited Liability Company

2021 FEB 23 PM 12:37

- 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 130281 | | 2. Exact name of the Limited Liability Company Newport Green, LLC. | | | | | |
| 3. NAICS Code 531100 | | 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 Liability Company and Name or Title of Contact Person | | | | | | | |
| 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 <input type="checkbox"/> | | | | | | | |
| 9. The Resident Agent Information currently of record with the RI Department of State is accurate. 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 Christine Melucci | | | | | | Date 2/22/21 | |
| Signature of Authorized Person | | | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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