

RIL DEPT OF STATE BUS SVOS DIV

2021 FEB 23 PM 12: 37

Annual Report for the year: 2016
Limited Liability Company

→ 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	Entity ID Number 2. Exact name of the Limited Liability Company					
130261	Newport Green, I.I.C.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53110()	Purchasing, leasing, sale of real estate and any other lawful purpose					
5. State of Formation	}					
Rhode Island						
6. Principal Office Address			City	State	Zip	
580 Thames Street			Newport	RI	02840	
7. Mailing Address of Limited Lia	bility Compar	y and Name or T				
Contact Name Christine Melucci			Contact Title Member			
Street Address 580 Thames Street			City Newport	State RI	^{Zip} 02840	
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	ability Company, IF APPLIC	ABLE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Menager 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 staten	iare and affir	m that I have ex	emined this report, includ	ing any accompanying	schedules and	
Name of Authorized Person				Date		
Christine Melucci				2/2	2/2/	
Signature of Authorized Person Melone Multi-						
- I would						

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2020