

"RECEIVED R.I. DEPT. OF STATE BUS SYOS DIV

2021 FEB 23 PM 12: 37

Annual Report for the year: 2015
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 130261	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. Malling Address of Limited Lia	blity Compa	ny and Name or				
Contact Name Christine Melucci			Contact Title Member	Contact Title Member		
Street Address 580 Tharnes Street			City Newport	State RI	^{Zlp} 02840	
8. List ALL managers (names ar	nd addresses) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			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 in	ndicate an attachment	
9. The Resident Agent information	n currently o	record with the	RI Department of State is acc	urate. Changes require	filing Form 642	
Under penalty of perjury, I deci statements, and that all statem	lare and affil	m that I have e	examined this mount include	ng any accompanying	schedules and	
Name of Authorized Person Date						
Christine Melucci				2/22	/2/	
Signature of Authorized Person	Mes					

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

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