3	State of Rhode Island
	State of Rhode Island Department of State -

- Business Services Division RECELVED R.I. DEPT. OF STATE BUS SYCS DIV

Annual Report for the year: 2011 2021 FEB 23 PM 12: 37 **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	2. Exact	2. Exact name of the Limited Liability Company					
130261	Newport Green, LLC.						
3. NAICS Code 53110()	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	1		•	1			
Rhode Island							
6. Principal Office Address	 		City	State	Zip		
580 Thames Street			Newport	RI	02840		
7. Mailing Address of Limited Lia	ability Comp	any 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 ar	nd addresse	s) of the Limited I	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Menager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zlp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	ΖΙp		
				Check the box to it	ndicate an attachment		
9. The Resident Agent informatio	n currently	of record with the	RI Department of State is acc	urate Channes require	filing Form 642		
statements, and that all statem	vare and an	<i>tirm that I have e</i> r	Yamined this seem to at!!	ng any accompanyin	g schedules and		
Name of Authorized Person Date							
Christine Melucci				1	2/22/21		
Signature of Authorized Person	- M	ulle	_				

17:37

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2020