



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2020**

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 1658236		2. Exact name of the Limited Liability Company 435 Thames Newport, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 435 Thames Street, Unit 1		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kathleen A. Staab			Contact Title Manager		
Street Address 435 Thames Street, Unit 1		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 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.					
Name of Authorized Person Kathleen Staab				Date 8/17/2021	
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

FILED

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FORM 632 - Revised: 08/2020