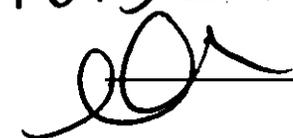




State of Rhode Island
Department of State - Business Services Division

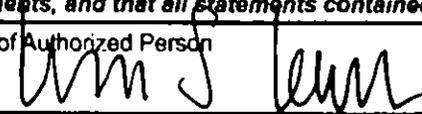
FILED

SEP 14 2021 STAMP

BY 1237


Annual Report for the year: 2021
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 000108904		2. Exact name of the Limited Liability Company LSL Newport, LLC					
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate					
5. State of Formation RI							
6. Principal Office Address 11C Bridge St				City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Lisa S. Lewis				Contact Title			
Street Address 25 Bridge St				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.							
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 						Date 9 9 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