RI SOS Filing Number: 202101922830 Date: 9/20/2021 4:00:00 PM

State of Rhode Is				_		
Department	of State - Bu	siness Serv	rices Division			
ार्टी <b>प्रकृ</b> ष्ट					FILED,	
Annual Report for the year: $\frac{2021}{}$				SEP 2 0 2021		
Limited Liability Co						
→ Filing period: Septe	ember 1 - Novem	ber 1		вү	000	
→ Filing Fee: \$50.00 → Penalty: Additional \$	\$25.00 fee if form	is not filed by D	ecember 1.	_	$-\alpha \wedge$	
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Entity ID Number     2. Exact name of the Limited Liability Company					<del>-</del>	
1704319	NEWPOR	NEWPORT CHARTER GROUP, LLC				
5. State of Formation RHODE ISLAND	/ <b>\</b> ~	scription of the c ARTER GROUI	haracter of business conducted in I	Rhode Island		
6. Principal Office Address	5		City	State	Zip	
22 DEPOT AVENUE			PORTSMOUTH	RI	02871	
7. Mailing Address of Limi	ted Liability Compa	any and Name o	r Title of Contact Person	1		
Contact Name THOMAS H	IAMMATT		Contact Title MEMBER			
Street Address 22 DEPOT AVENUE			City PORTSMOUTH	State RI	<sup>Zip</sup> 02871	
8. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name N/A	Manager Name N/A		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A	Manager Name N/A		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	11		· · · · · · · · · · · · · · · · · · ·	Check the box to	I indicate an attachment	
9. The Resident Agent info	ormation currently	of record with the	e RI Department of State is accurat	e. Changes requi	re filing Form 642.	
			examined this report, including a	any accompanyir	ng schedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Person				Date_ /	1	

MAIL TO:

**Division of Business Services** 

THOMAS HAMMATT,, MEMBER

Signature of Authorized Person

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

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