



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2021**  
**Limited Liability Company**

SEP 30 2021  
 90546

- 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 <b>000121699</b>		2. Exact name of the Limited Liability Company <b>NEWPORT CREAMERY, LLC</b>			
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island RESTAURANT BUSINESS, RETAIL AND WHOLESALE OF ICE CREAM PRODUCTS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 35 SOCKANOSSET CROSS ROAD			City CRANSTON	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>WILLIAM N. JANIKIES</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>35 SOCKANOSSET CROSS ROAD</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>WILLIAM N. JANIKIES</b>			Manager Name <b>CYNTHIA JANIKIES SIMONSON</b>		
Street Address <b>35 SOCKANOSSET CROSS ROAD</b>			Street Address <b>35 SOCKANOSSET CROSS ROAD</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
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.					
<b>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.</b>					
Name of Authorized Person <b>CYNTHIA J. SIMONSON</b>				Date <b>9/7/21</b>	
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