



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
 OCT 18 2021
 BY 1098 DS

| | | | | | |
|---|-------|--|--------------------------|-------------------------|---------------------|
| 1. Entity ID Number 950759 | | 2. Exact name of the Limited Liability Company 1479 Newport Avenue LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island to operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 700 Huron Avenue, Apt. 6F | | | City Cambridge | State MA | Zip 02138 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Georgia Dolianitis | | | Contact Title | | |
| Street Address 700 Huron Avenue, Apt. 6F | | | City Cambridge | State MA | Zip 02138 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Georgia Dolianitis | | Manager Name | | | |
| Street Address Same | | 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. Resident Agent in Rhode Island This information is currently of record with the Department of State. 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 Georgia Dolianitis | | | | Date 9/6/2021 | |
| 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