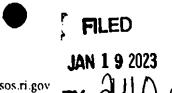
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company				
872417	NEWPO	NEWPORT REALTY ASSOCIATES, LLC				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND		REAL ESTATE MANAGEMENT 531110				
5. Principal office address 1495 NEWPORT AVE.		City	State R.I.	Zip 02861		
	MITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:		
Contact Name RALPH R. RYAN, ESQ.			Contact Title MANAGER			
Street Address 1495 NEWPORT AVE.			City PAWTUCKET	State R.I.	Zip 02861	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADD	RESSES) OF THE LIF	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name RALPH R. RYAN, ESQ.			Manager Name DEBORAH J. RYAN			
Street Address 1495 NEWPORT AVE.			Street Address 1495 NEWPORT AVE.			
City PAWTUCKET	State R.I.	Zip 02861	City PAWTUCKET	State R.I.	Zip 02861	
Manager Name			Manager Name			
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO		· · · · · · · · · · · · · · · · · · ·				
This Information is currently	y of record in the	Office of the Secreta	ary of State. Changes require fil	Ing Form 642.		
	•				· · · · · · · · · · · · · · · · · · ·	

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying achedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Data

RALPH R. RYAN, ESQ.

Print or Type Name of Authorized Person