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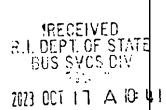
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2023 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



	I =			
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001670421	TIMCHRISNEWPORT LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
53 139 <i>0</i>	To buy, sell and manage real estate and all activities incidental thereto.			
5. State of Formation	1			
Rhode Island				
6. Principal Office Address		City	State	Zip
c/o Anchin, 1375 Broadway, 16th Floor		New York	NY	10018
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Anchin		Contact Title		
Street Address c/o Anchin, 1375 Broadway, 16th Floor		New York	State NY	^{Zip} 10018
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	
Timothy G. Davis			9/8/2023	
Signature of Authorized Person—Docusioned by: Timothy Davis				

FILED

OCT 17 2023 10:46am

BY LKS Y483K

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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