

State of Rhode Island Department of State - Business Services Division

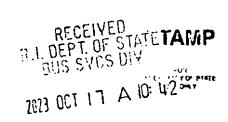
Annual Report for the year: Limited Liability Company

2020

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number	2. Exact name of the Limited Liablilty Company				
001670421	TIMCHRISNEWPORT LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5313 <u>9</u> 0	To buy, sell and manage real estate and all activities incidental thereto.				
5. State of Formation					
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	d Liability Company and Name or Title	of Contact Person	<u> </u>	-	
Contact Name Anchin		Contact Title			
Street Address c/o Anchin, 1375 Broadway, 16th Floor		City New York	State NY	^{Zip} 10018	
8. The Resident Agent inform	nation currently of record with the RI D	Department of State is accu	urate. Changes requin	filing Form 642.	
	r, i declare and affirm that I have existements contained herein are true		ding any accompany	ing schedules and	
Name of Authorized Person			Date	Date	
Timothy G. Davis			9/8/2023		
Signature of Authorized Pers	son Docusigned by: Timothy Davis				

MAIL TO:

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

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

OCT 172023 10:43am

BY 155 V483K