

**State of Rhode Island  
Department of State - Business Services Division****STAMP****Annual Report for the year: 2019**  
**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.

1. Entity ID Number <b>001670421</b>		2. Exact name of the Limited Liability Company <b>TIMCHRISNEWPORT LLC</b>	
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>To buy, sell and manage real estate and all activities incidental thereto.</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>c/o Anchin, 1375 Broadway, 16th Floor</b>		City <b>New York</b>	State <b>NY</b>
Zip <b>10018</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Anchin</b>		Contact Title	
Street Address <b>c/o Anchin, 1375 Broadway, 16th Floor</b>		City <b>New York</b>	State <b>NY</b>
		Zip <b>10018</b>	
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 <b>Timothy G. Davis</b>		Date <b>9/8/2023</b>	
Signature of Authorized Person		DocuSigned by: <b>Timothy Davis</b> B5FD9FD228834A6	

**FILED****OCT 17 2023 10:42am****BY LKS V483K****MAIL TO:****Division of Business Services****148 W. River Street, Providence, Rhode Island 02904-2615****Phone: (401) 222-3040****Website: www.sos.ri.gov**