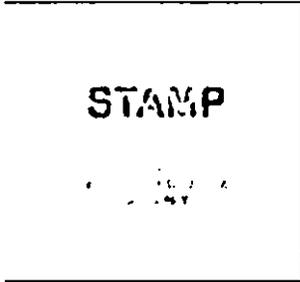


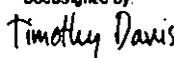


**State of Rhode Island
Department of State - Business Services Division**



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