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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 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.

FILED STAIGP
MAR 1 2 2024
BY

1. Entity ID Number	2. Exact name of the Limited Liability Company					
000791028	HELLY NEWPORT, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
448140	Retail sales					
5. State of Formation	1					
RI						
6. Principal Office Address	City State Zip		Zip			
154 Thames Street	Newport RI 02840		02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Jay Lasky	Contact Title President					
Street Address 154 Thames Street		City Newport	State RI	^{Zip} 02840		
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			
Joseph R. Marion III, Esq. $3/u/2\dot{y}$						
Signature of Authorized Person						

MAIL TO:

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

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