



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.

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42122 *OL*

1. Entity ID Number 001658236		2. Exact name of the Limited Liability Company 435 Thames Newport, LLC	
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate	
5. State of Formation RI			
6. Principal Office Address 435 Thames Street, Unit 1		City Newport	State RI
		Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Kathleen A. Staab		Contact Title Manager	
Street Address 78 Rhode Island Ave #3		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 Anne Marie Herndon		Date 3/22/24	
Signature of Authorized Person Anne Marie Herndon			

MAIL TO:

Division of Business Services
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