



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 MP  
MAY 01 2024  
BY [Signature] 4225

1. Entity ID Number <b>001706306</b>		2. Exact name of the Limited Liability Company <b>Newport Living Group, LLC</b>	
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>3 Memorial Boulevard</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>J. Russell Jackson</b>		Contact Title <b>Registered Agent</b>	
Street Address <b>122 Touro Street</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</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>Kerine E. Jackson</b>		Date <b>4.5.24</b>	
Signature of Authorized Person <i>[Signature]</i>			

## MAIL TO:

## Division of Business Services

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