



State of Rhode Island
Department of State - Business Services Division

FILED MP
MAY 01 2024
BY *[Signature]* 4225

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.

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

MAIL TO:
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