

Department of State - Business Services Division

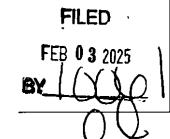
Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025



1. Entity ID Number 1745946	l l	2. Exact name of the Limited Liability Company Island House Newport, LLC			
3. NAICS Code 531190	4. Brief description of the ch Real Estate	Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address	ı	City	State	Zip	
950 Warren Avenue Suite 401		East Providence	RI	02914	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person			
Contact Name Lianne Marshall		Contact Title Manager			
Street Address 950 Warren Avenue Suite 401		City East Providence	State RI	^{Zip} 02914	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accurate.	Changes require	e filing Form 642.	
	ry, I declare and affirm that I hav statements contained herein are	e examined this report, including a true and correct.	any accompany	ring schedules and	
Name of Authorized Person Lianne Marshall			Date 01/23/2025		
Signature/of Authorized Pe	harsha	ll			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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