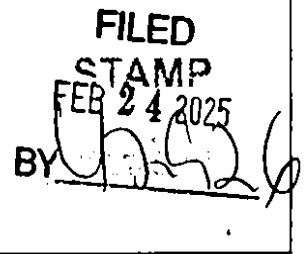




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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 <u>01677159</u>		2. Exact name of the Limited Liability Company Newport Dream 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 23 Murfield Circle		City Andover	State MA Zip 01810
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 Michael J. NAHILL		Date 2.11.2025	
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](http://www.sos.ri.gov)