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## **Department of State - Business Services Division**

Annual Report for the year: 2022 **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

| ·····                                    | <del></del>   |   | <del></del>          |                      |  |
|--|---|---|----------------------|----------------------|--|
| Entity ID Number                         | 2 Exact name of the Limited Liability Company   |   |                      |                      |  |
| 950759                                   | 1479 Newport A  | 1479 Newport Avenue LLC   |                      |                      |  |
| 3. NAICS Code                            | Brief description of the character of business conducted in Rhode Island to operate & manage a real estate business, including the purchasing, selling, |   |                      |                      |  |
| 531110                                   |   |   |                      |                      |  |
| 5 State of Formation                     |   | leasing, mortgaging, marketing, improving, maintaining & managing real estate |                      |                      |  |
| Rhode Island                             | ,g,g  |   |                      |                      |  |
| 6. Principal Office Address              |   | City  | State                | Zip                  |  |
| 700 Huron Avenue, Apt. 6F                |   | Cambridge   | MA                   | 02138                |  |
| 7. Mailing Address of Limited            | Liability Company and Name  | or Title of Contact Person  | •                    | •                    |  |
| Contact Name Georgia Doliantis           |   | Contact Title   |                      |                      |  |
| Street Address 700 Huron Avenue, Apt. 6F |   | <sup>City</sup> Cambridge   | State MA             | <sup>Zip</sup> 02138 |  |
| 8. The Resident Agent inform             | nation currently of record with   | the RI Department of State is accur   | ate. Changes require | filing Form 642.     |  |
|  | declare and affirm that I hav<br>atements contained herein a  | re examined this report, including re true and correct.                       | any accompanying     | schedules and        |  |
| Name of Authorized Person                | •   | Date  |                      |                      |  |
| Georgia Doliantis                        |   |   | 2/24/2022            |                      |  |
| Signature of Authorized Pers             | AV  |   |                      | •                    |  |

MAIL TO:

**Division of Business Services** 

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