RI SOS Filing Number: 200836208380 Date: 10/06/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

***A. Ralph Mollis**, Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No. 150496	*2. Exact name of the limited liability company* NADA LLC
3. State of Formation RI	*4. Brief description of the character of the business which is actually conducted in Rhode Island* MANAGE ACQUIRE MAINTAIN AND DEVELOP REAL ESTATE

5. Principal office address	*City*	*State*	*Zip*
87 VALLEY FORGE ROAD	WESTON	CT	06883

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*		
DALE REINKER			
Street Address	*City*	*State*	*Zip*
87 VALLEY FORGE ROAD	WESTON	CT	06883

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	
MARC GERTSACOV, ESQ.		
Address	*City*	*Zip*
144 MEDWAY STREET	PROVIDENCE	02906

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

150496

File Date FILED
Check No. OCT 06 2008
By: By 26880 62 290660
FOR SECRETARY OF STATE USE ONLY

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.

9/26/08
Signature of Authorized Person *Date*

DALE B. REINKER
Print or Type Name of Authorized Person