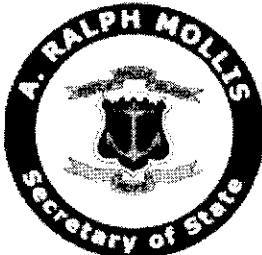


9/14/2009

State of Rhode Island and Provide...

| | | |
|---|--|---------------------|
|  | State of Rhode Island and Providence Plantations | Fee: \$50.00 |
| | Office of the Secretary of State | |
| | Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 | |
| | LOGOUT | |

Limited Liability Company

Annual Report

Annual Report for the year ending 12/31/2009

By filing this report, you are certifying that the information provided is true and correct to the best of your knowledge and belief. If you are not the owner of the company, you are certifying that you are authorized to file this report on behalf of the company.



| | | | |
|--|--|--|--|
| ANNUAL REPORT YEAR: 2009 | | | |
| 1. ID No. 000153635 | | | |
| 2. Exact Name of the Limited Liability Company <u>NHIKE FAMILY LLC</u> | | | |
| 3. State of Formation State: <u>RI</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>INVESTMENT HOLDING & MANAGEMENT CO. - PRIMARY OBJ. OF LONG TERM APPRECIATION.</u> | | | |
| 5. Principal Office Address No. and Street: <u>29 ICE POND ROAD</u> City or Town: <u>WESTERLY</u> State: <u>RI</u> Zip: <u>02891</u> Country: <u>USA</u> | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>JOAN A MCCORMICK</u> Contact Title: <u>TRUSTEE</u> No. and Street: <u>29 ICE POND ROAD</u> | | | |

FILED

9/14/2009

State of Rhode Island and Provide...

City or Town:

WESTERLY

State: RI

Zip: 02891

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**JOAN MCCORMICK 29 ICE POND ROAD WESTERLY, RI 02891-**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).****Filer's Contact Information***(Enter a contact name, mailing address and email.)*

Contact Name: JOAN MCCORMICK

Business Name:

No. and Street: 29 ICE POND ROAD

Resident/Registered Agent

City or Town:

WESTERLY

State: RI

Zip: 02891-

Country:

Contact Phone: 401-596-6555

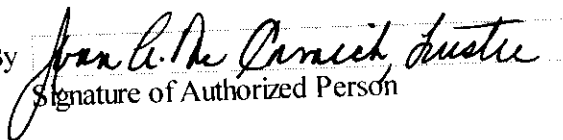
ext:

Contact Email: joanamccormick1@cox.net

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 14 Day of September, 2009 at 7:44:21 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By


Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing

☐ Accept☐ Decline**FILED**