



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 97445		2. Exact name of the limited liability company Nelmark, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold and sell property.			
5. Principal office address c/o Winograd, Shine & Zacks, 123 Dyer Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard J. Land		Contact Title Manager			
Street Address 123 Dyer Street		City Providence	State RI	Zip 02903	
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 Richard J. Land, Esq.		Manager Name Deborah R. Nelson			
Street Address 123 Dyer Street		Street Address 73 Penzance Road			
City Providence	State RI	Zip 02903	City Rockport	State MA	Zip 01966
Manager Name Sheila N. Greenbaum		Manager Name Theodore M. Winston			
Street Address 322 Cole Avenue		Street Address 401 Middlebridge Road			
City Providence	State RI	Zip 02906	City Wakefield	State RI	Zip 02879
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

97445

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.

Signature of Authorized Person Richard J. Land, Esq. Date 9/30/10
Print or Type Name of Authorized Person

File Date	<u>10-4-2010</u>
Check No.	<u>0001124</u>
By:	<u>mnc</u>
FOR SECRETARY OF STATE USE ONLY	