

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 2011

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. 154750		nt name of the limited liability company N ENTERPRISES LLC													
3. State of Formation RHODE ISLAND	4. Brief des REAL E	cription of the character of the hu STATE DEVELOPMEN	siness which is actually conducted in NT/MANAGEMENT COMF	wbich is actually conducted in Rhode Island IANAGEMENT COMPANY											
5. Principal office address C/O Peter D'Orsi,		e Hill Rd, Suite 15-B	City Warwick	_ `											
6. MAILING ADDRE Contact Name Giuseppe Coen	SS OF LIMITED L	IABILITY COMPANY AND	ONAME OR TITLE OF CONTACT Contact Title Manager	:											
Street Address	CPA, 33 College	Hill Rd, Suite 15-B	Gity Warwick	State Ri	^{Zip} 02886										
7. NAME AND ADDI			D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BO Manager Name												
Street Address			Street Address												
City	State	Zip	City	State	Zip										
Manager Name		II	Manager Name	I	······										
Street Address			Street Address												
City	State	Zip	City	State	Zip										
8. RESIDENT AGENT This information is cu			of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	16-11										

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

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Under penalty of perjury, I declare and affiring including any accompanying schedules and contained herein are true and correct.	n that I have examined this report, statements, and that all statements
	9/12/11
Signature of Authorized Hersdn	Date
Giuseppe Coen	
Print or Type Name of Authorized Person	