

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filling Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

A. Brief description of the character of business conducted in Rhode Island SALE AND DISTRIBUTION OF INDUSTRIAL PRODUCTS 5. Principal office address PO BOX 855 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL CHAPMAN Street Address PO BOX 855 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL CHAPMAN Street Address PO BOX 855 City Manager Name Michael Chapman Street Address PORTSMOUTH RI State Zip O2871 City State Zip O2871 City State Zip Manager Name Manager Name Manager Name Street Address Street Address Street Address Street Address City State Zip Street Address City State Zip City State Zip Street Address	1. Entity ID No. 543317		Exact name of the limited liability company NikoTrack, LLC			
PO BOX 855 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL CHAPMAN Street Address PO BOX 855 City PORTSMOUTH RI State RI Zip 02871 Zip 02871 Zip 02871 Zip 02871 Zip 02871 Annager Name MICHAEL CHAPMAN Street Address PO BOX 855 City PORTSMOUTH State RI Zip 02871 Zip 02871 Manager Name Manager Name MicHAEL CHAPMAN Street Address PO BOX 855 City PORTSMOUTH RI State Manager Name Manager Name Street Address Street Address Street Address Street Address State State RI State State RI State Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address	3. State of Formation					
Contact Title MICHAEL CHAPMAN Street Address PO BOX 855 T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL CHAPMAN Street Address PO BOX 855 City PORTSMOUTH RI Zip Manager Name City City State RI Zip City State Street Address Wanager Name Manager Name Street Address City State Street Address Street Address City State Street Address	5. Principal office address					Zip 02871
PO BOX 855 PORTSMOUTH RI 02871 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL CHAPMAN Street Address PO BOX 855 City PORTSMOUTH RI 02871 City State Zip Manager Name Manager Name Street Address Street Address City State Zip	Contact Name		Y COMPANY AND N	Contact Title	RSON:	
Manager Name Manager Name Manager Name Manager Name	Street Address					
Street Address PO BOX 855 City PORTSMOUTH Manager Name Street Address Manager Name Street Address City City City City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip City State Zip			RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS
PO BOX 855 City State RI				Manager Name		
PORTSMOUTH RI 02871 Manager Name Street Address City State Zip City State Zip				Street Address		
Street Address Street Address City State Zip City State Zip Zip			Zip 02871	City	State	Zip
City State Zip City State Zip	Manager Name			Manager Name		
Oity State 29	Street Address			Street Address		
8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currer	itly of record in th	e Office of the Secret	tary of State. Changes require fili	ng Form 642.	

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File Date	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.
Check No	12 Sor 7 2013
By:	Signature of Authorized Person Date MICHAEL CHAPMAN
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012