

## 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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing 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.

1. Entity ID No. 116793	2. Exact nan N.A.J. As	2. Exact name of the limited liability company N.A.J. Associates, LLC				
3. State of Formation	ı	Brief description of the character of business conducted in Rhode Island     Restaurant				
5. Principal office address 10 W. Howard Wharf			City Newport	State RI	Zip <b>02840</b>	
. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:		
Contact Name Joseph Palumbo			Contact Title Lawyer			
Street Address 294 Valley Road			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LIN	IITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Vincent Sandonato			Manager Name			
Street Address P.O. Box 4259			Street Address			
City <b>Middletown</b>	State RI	Zip 02842	City	State	Zip	
lanager Name	<b>) -</b>		Manager Name	•		
treet Address			Street Address			
Dity	State	Zip	City	State	Zip	
. RESIDENT AGENT IN R	HODE ISLAND		<u> </u>			
		e Office of the Secreta	ary of State. Changes require t	iling Form 642.		
	״נ	FILED SEP 117 302		•		
File Date			this report, including and that all statement with the statement of Authorized	any accompanying is contained herein Curl Qual difference of the contained the contai	firm that I have examined schedules and statement are true and correct.  09/08/2014  Date	
FOR SECRETARY OF STATE USE ONLY			Vincent Sandonato Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012