



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 2014

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. 108078		2. Exact name of the limited liability company NINA'S REALTY ASSOCIATES, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 267 HUXLEY AVENUE		City PROVIDENCE		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN J. GIANFRANCESCO			Contact Title CO-OPERATING MANAGER		
Street Address 267 HUXLEY AVENUE		City Providence		State RI	Zip 02908
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 JOHN J. GIANFRANCESCO			Manager Name ALBERT GIANFRANCESCO		
Street Address 267 HUXLEY AVENUE		Street Address 267 HUXLEY AVENUE			
City Providence	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
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					

FILED

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

NOV 25 2014

BY

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108078

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 Date

JOHN J. GIANFRANCESCO

Print or Type Name of Authorized Person

File Date

Check No.

By:

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