



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. <b>165223</b>		2. Exact name of the limited liability company <b>NV One, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Any Lawful Purpose</b>			
5. Principal office address <b>207 Quaker Lane, Suite 300</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Nicholas E. Cambio</b>		Contact Title <b>Manager</b>			
Street Address <b>207 Quaker Lane, Suite 300</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Nicholas E. Cambio</b>		Manager Name <b>Vincent A. Cambio</b>			
Street Address <b>207 Quaker Lane, Suite 300</b>		Street Address <b>207 Quaker Lane, Suite 300</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Manager Name <b>Melissa A. Faria</b>		Manager Name			
Street Address <b>207 Quaker Lane, Suite 300</b>		Street Address			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	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 Form 642.					

FILED

NOV 28 2014

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FOR SECRETARY OF STATE USE ONLY

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 11-25-14

**Nicholas E. Cambio**

Print or Type Name of Authorized Person