



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. <u>5360121</u>		2. Exact name of the limited liability company <u>NELSON REALTY DEVELOPMENT, LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>INDUSTRIAL RENTAL PROPERTY</u>			
5. Principal office address <u>123 Coggeshall Ave</u>		City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>DAVE S. NELSON</u>			Contact Title <u>OWNER</u>		
Street Address <u>123 Coggeshall Ave</u>		City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>[Blank]</u>		Manager Name			
Street Address <u>[Blank]</u>		Street Address			
City <u>[Blank]</u>		City <u>[Blank]</u>	State <u>[Blank]</u>	Zip <u>[Blank]</u>	
Manager Name <u>[Blank]</u>		Manager Name			
Street Address <u>[Blank]</u>		Street Address			
City <u>[Blank]</u>		City <u>[Blank]</u>	State <u>[Blank]</u>	Zip <u>[Blank]</u>	
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

APR 23 2015

BY 1052

File Date _____

Check No _____

By: _____

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] Apr 20 2015
 Signature of Authorized Person Date

DAVE S. NELSON
 Print or Type Name of Authorized Person