



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

2015

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. 140191		2. Exact name of the limited liability company NMMG Real Estate LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island. to operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate			
5. Principal office address 625 Warwick Ave			City Warwick	State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nicholas E Sifakis			Contact Title		
Street Address 625 Warwick Ave			City Warwick	State RI	Zip 02888
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Form 642.					

FILED ←

SEP 24 2015

BY CR 25697P

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 SEP 24 AM 9:25

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.

Sifakis 9-14-15
 Signature of Authorized Person Date
Nicholas Sifakis
 Print or Type Name of Authorized Person

File Date _____
 Check No 3400
 By: _____
FOR SECRETARY OF STATE USE ONLY