

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.	2. Exact nai	2. Exact name of the limited liability company											
140191	NMMG F	leal Estate LLC	;										
3. State of Formation	4 Brief des	ription of the charac	ter of business conducted in Rh	odelsland the purchas	sing, selling, leasing.								
Rhode Island			improving, maintaining										
5 Principal office address 625 Warwick Ave	I		Warwick	Warwick State 02888									
6. MAILING ADDRESS OF L	LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:									
Contact Name Nicholas E Sifakis			Contact Title										
Street Address 625 Warwick Ave			Warwick	Warwick State Zin									
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHN		RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS								
Manager Name			Manager Name										
Street Address			Street Address	,									
City	State	Zip	City	State	Zip								
Manager Name	'	<u> </u>	Manager Name										
Street Address			Street Address	Street Address									
City	State	Zip	City	State	Zip								
8. RESIDENT AGENT IN RH	IODE ISLAND												
This information is currenti	ly of record in the	e Office of the Seci	retary of State. Changes requir	e filing Form 642.									

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Form No. 632 Revised: 01/2012

Under pena	Ity 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.

Authorized Person

Ni Cholas Sidas
Print or Type Name of Authorized Person