



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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Limited Liability Company
Annual Report

Form: [Annual Report](#)



[How to File an Annual Report](#)
Download the form and instructions for filing an annual report.
Click on the link to the right to download the form and instructions.

ANNUAL REPORT YEAR: 2015

1. ID No. 000981379

2. Exact Name of the Limited Liability Company NYMAN REALTY, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Real Estate

FILED

OCT 21 2015

5. Principal Office Address

BY 10418

No. and Street: 61 Seabreeze Terrace

City or Town: Wakefield

State: RI

Zip: 02879

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Tim Nyman

Contact Title: President

No. and Street: 61 Seabreeze Terrace

City or Town: Wakefield

State: RI

Zip: 02879

Country: usa

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Delete	Name	Address			
	Lynne Marie Nyman Mrs	61 Seabreeze Terrace Wakefield, ri 02879 usa			
First Name:	Middle Name:	Last Name:	Suffix:		
Address:	City:	State:	Zip:	Country:	
				Clear	Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TODD E. MCNAMARA, ESQ. 1177 GREENWICH AVENUE WARWICK , RI 02886

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

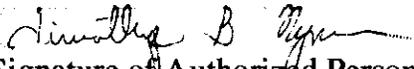
Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:	Tim Nyman			
Business Name:	Nyman Realty			
No. and Street:	61 Seabreeze Terrace	Principal Office:		
City or Town:	Wakefield	State:	RI	Zip: 02879
Contact Phone:	4012099858	ext:		
Contact Email:	tnyman51@gmail.com	Clear		

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 19 Day of October, 2015 at 11:15:46 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By 
 Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode

• Accept • Decline

[Click HERE to Submit This Information](#)