



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. 000841052		2. Exact name of the limited liability company AIDAN NATION LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island ENGAGED IN THE REAL ESTATE ACTIVITIES			
5. Principal office address 451 WEST AVE SUITE 1F		City PAWTUCKET		State RI	Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERTO CONCEPCION		Contact Title PRESIDENT			
Street Address 451 WEST AVE APT 1F		City PAWTUCKET		State RI	Zip 02860
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.					

12:00 pm

FILED

FEB 03 2016

By 266806

KM

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SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB -3 PM 12:00

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]
Signature of Authorized Person

02/02/2016

Date

ROBERTO CONCEPCION

Print or Type Name of Authorized Person