



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

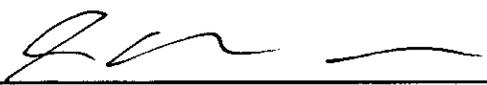
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV
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Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|-------|---|------------------------------|------------------|-----|
| 1. Entity ID Number | | 2. Exact name of the Limited Liability Company | | | |
| 525713 | | NATCO Enterprises, LLC | | | |
| 3. State of Formation | | 4. Brief description of the character of business conducted in Rhode Island | | | |
| Rhode Island | | To buy, sell and lease property | | | |
| 5. Principal Office Address | | City | State | Zip | |
| 46 Langdon Street | | Providence | RI | 02903 | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Gaetano Natale | | | Contact Title Member | | |
| Street Address 46 Langdon Street | | City Providence | State RI | Zip 02903 | |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| 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 |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person John J. Bevilacqua, Jr. | | | Date April 7, 2016 | | |
| Signature of Authorized Person  | | | | | |
| SIGN DOCUMENT HERE | | | | | |

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