



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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 19 PM 3:37

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                              |                |         |       |
| 1001418                                                                                                                                                                                              |       | N2M FAMILY LLC                                                              |                |         |       |
| 3. State of Formation                                                                                                                                                                                |       | 4. Brief description of the character of business conducted in Rhode Island |                |         |       |
| RI                                                                                                                                                                                                   |       | GENERAL INVESTMENTS                                                         |                |         |       |
| 5. Principal Office Address                                                                                                                                                                          |       | City                                                                        |                | State   | Zip   |
| 10 CENTRAL STREET                                                                                                                                                                                    |       | W. WARWICK                                                                  |                | RI      | 02893 |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                             |                |         |       |
| Contact Name                                                                                                                                                                                         |       | Contact Title                                                               |                |         |       |
| CAREY JOSEPH                                                                                                                                                                                         |       |                                                                             |                |         |       |
| Street Address                                                                                                                                                                                       |       | City                                                                        |                | State   | Zip   |
| 10 CENTRAL STREET                                                                                                                                                                                    |       | W. WARWICK                                                                  |                | RI      | 02893 |
| 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.                                                               |       |                                                                             |                |         |       |
| 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. |       |                                                                             |                |         |       |
| Name of Authorized Person                                                                                                                                                                            |       |                                                                             |                | Date    |       |
| N. Hussain                                                                                                                                                                                           |       |                                                                             |                | 5/19/16 |       |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                             |                |         |       |
| NAZISH HUSSAIN                                                                                                                                                                                       |       |                                                                             |                |         |       |
| FOR DOCUMENT HERE                                                                                                                                                                                    |       |                                                                             |                |         |       |

FILED

MAY 19 2016

By C 10190622

ICM