

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20 \ \(\begin{aligned} \times \ \time

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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4. Fastis ID March an	0.5	- 2 M 1 2 M 1 1 1						
1. Entity ID Number	2. Exact name of the Limited Liability Company							
188302	NULCO LOFTS LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
りク	REV	ental						
5. State of Formation	1							
I AT								
C. Data sized Office Address			Lou	1	I -			
6. Principal Office Address	11 7 101		City Para 1917	State RT	Zip			
125 GOFF AVE.	<u>'</u>		PAWTUCKET	'`-}	02860			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Rebecco Spenier			Contact Title MCM DEV					
Street Address 125 60FF AVE #210			City PAWTUCKET	State RT	zip 02860			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name Va Cant			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								
9. Resident Agent in Rhode Island. This information is currently of record with 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								
K	Lebecca	Spenc	rev	8/21	+116			
Signature of Authorized Person								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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