

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2015 **Limited Liability Company** 

- → 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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788302  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  RE rental  6. Principal Office Address  City  State OT Zip	-								
3. NAICS Code  53 4. Brief description of the character of business conducted in Rhode Island RE VENTAL  5. State of Formation RJ 6. Principal Office Address   25 60FF AVE # 210  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Rebecca Seace Contact Contact Title Wember  Street Address  Street Address (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City State Zip 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  City Date  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  City Date  City State  City Sta	Entity ID Number	2. Exact name of the Limited Liability Company							
S. State of Formation  A. City PAWTUCK State R. Zip 02860  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Reduced State Limited Liability Company and Name or Title we make the first state R. Zip 02860  Street Address of Limited Liability Company and Name or Title we make the first state R. Zip 02860  Street Address State R. Zip 02860  Street Address State R. Zip 02860  State R. Zip 02860  City PAWTUCKET State R. Zip 02860  State R. Zip 02860  State R. Zip 02860  City PAWTUCKET State R. Zip 02860  State R. Zip 02860  Manager Name  Street Address  City State Zip City State Zip Check the box to indicate an attachment of Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling 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 Reduced Spencer State Date Reduced Reduce	788302	NULCO LOFTS LLC							
5. State of Formation A  6. Principal Office Address    25 GDFF AVE # 210   PAWTUCK FT   State   RT     D2860    7. Mailing Address of Limited Liability Company and Name or Title of Contact Person    Contact Name   Rebecca   State   RT     Zip   D2860    Street Address   State   RT   Zip   D2860    Street Address   State   RT   Zip   D2860    8. 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   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   Rebecca   Spencer	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
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125 GDFF AVE # 210   YAWTUCK GT	6. Principal Office Address			City		State O	Zip		
Contact Name Rebecco Server Contact Title Welfw ber  Street Address 125 OFF AVE # 2101  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City State Zip City State Zip  Manager Name  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 filling 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  Check Total Contact Title Welfw ber Zip City State K. T. Zip Deate Sale Contained herein are true and correct.  Date Date Sale Libe	<u>'</u>			PAWT	ICKET	K.T	02860		
Street Address   ACT   AVE # ZID    City PAWTUCKET   State   F.   Zip DZ86D	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
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Kebecca Spencer 8/24/16	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.								
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MAIL TO:

**Division of Business Services** 

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