

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited	Liability	Company
Annual	Report	

Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. 000275768			
2. Exact Name of the Limited Liability Company NATIONAL COORDINATION ALLIANCE LLC			
3. State of Formation			
State: <u>CA</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code 81			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SETTLEMENT SERVICES			
5. Principal Office Address			
No. and Street: 3001 LEADENHALL ROAD City or Town: MOUNT LAUREL State: NJ Zip: 08054 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: 175 PARK AVENUE City or Town: MADISON State: NJ Zip: 07940 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of September, 2016 at 4:59:01 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>SETH I. TRUWIT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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