RI SOS Filing Number: 201609739320 Date: 09/30/2016 4:00 PM

State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**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.*

1. ID No.	2. Exact name of the limited liability company	3. NAICS Code
506852	NCSS Properties, LLC	53

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
Purchase, hold, develop, improve, rent, and sell real estate	Rhode Island

6. Principal office address	City	State	Zip
2893 Post Road	Warwick	RI	02886

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jeffrey R. Brusini	Manager

Street Address	City	State	Zip
2893 Post Road	Warwick	RI	02886

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS. (*X* BOX FOR ATTACHMENT): ☐

Manager Name	Street Address	City	State	Zip
Jeffrey R. Brusini	2893 Post Road	Warwick	RI	02886

9. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.

FILED
SEP 30 2016
BY 148 DS

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

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.

Signature of Authorized Person — *Date* 9/26/16

Jeffrey R. Brusini, Manager

Print or Type Name of Authorized Person

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

142755-40-1156614

Form 632