



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. 506852	2. Exact name of the limited liability company NCSS Properties, LLC	3. NAICS Code 53			
4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop, improve, rent, and sell real estate		5. State of Formation Rhode Island			
6. Principal office address 2893 Post Road		City Warwick	State RI	Zip 02886	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey R. Brusini		Contact Title Manager			
Street Address 2893 Post Road		City Warwick	State RI	Zip 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 (XX BOX FOR ATTACHMENT) ☐					
Manager Name Jeffrey R. Brusini		Manager Name			
Street Address 2893 Post Road		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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. 7-16-11 Orson and Brusini Ltd.					

FILED

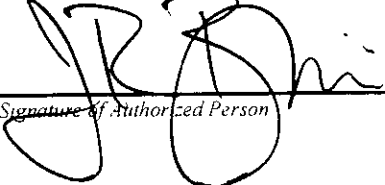
SEP 30 2016

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

BY

2148 DS

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	