

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20/6
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.

R.I. DEPT. OF STATE MIRP BUS SYSS DIV

2016 OCT -4 PM 4: 23

1. Entity ID Number	2. Exact name of the Limited Liability Company				
116700	N.A.J Associates, UC				
116193					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
100	Rest	au rar	1		
5. State of Formation					
6. Principal Office Address			City	State	Zip
10 w Howard Wharf			Newport	Pl	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Cantact Name VINCENT Sandonato			Contact Title Presidon		
P.O. Box 4259			emiddletown	Sta 12	z 2847
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Marlager Name VINCENT Sandonato			Manager Name		
P. Box 4259			Street Address		
Middletown	State [zi02842	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			Date / 0 - /	4-16	
Signature of Authorized Person (1/Sabeth M) (4					

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

OCT 04 2016

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