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2016 OCT | | PM | 12: 47

Annual Report for the year: **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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1013515	NOUT ENTERPRISES LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
23. ~	construction				
5. State of Formation	A (
RI	Conversion.				
6. Principal Office Address			City	State	Zip
78 ANDEM St. Shundres.			Pridues.	RT	02908_
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Dond J. Dov J.			Contact Title		
Street Address 78 AWDEM, D.			City Provide.	State RT	Zip 02008.
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Che	eck the box to indi	cate 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	
Signature of Authorized Person SIGN DOCUMENT HERE					
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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

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