

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company					
977204	NICK CHARELLO PHOTOGRAPHY, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	commercial photography					
5. Principal office address			City	State	Zip	
7 Apple Valley Parkway # 1			Greenville	RI	02828	
6: MAILING ADDRESS OF LIMI	TED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT PERS	ON:	The contract of the State of th	
Contact Name P.			Contact Title	Contact Title		
Nicholas 刄、Charello			Member			
Street Address			City	State	Zip	
7 Apple Valley Parkway # 1			Greenville	RI	02828	
	ES AND ADDR		IMITED LIABILITY COMPANY, IF API	PLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE						
This information is currently of	record in the (Office of the Secre	etary of State. Changes require filing	Form 642.		

FILED

By OCT 1 4 2016

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.

and that all statements contained herein are true and correct.

| 10/2 |
| Signature of Authorized Person | Date

Nicholas X. Charello, Member

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

File Date _

Check No ___