



**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. <b>142217</b>		2. Exact name of the limited liability company <b>NICALI REALTY LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP OF REAL ESTATE</b>	
5. Principal office address <b>434 PROSPECT STREET</b>		City <b>PAWTUCKET</b>	State <b>RI</b>
		Zip <b>02860</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name <b>JOSEPH RAHEB</b>		Contact Title <b>ATTORNEY</b>	
Street Address <b>650 WASHINGTON HWY.</b>		City <b>LINCOLN</b>	State <b>RI</b>
		Zip <b>02865</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Manager Name <b>NONE</b>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

OCT 21 2016

By 38070

2016 OCT 21 PM 3:07  
 R.I. DEPARTMENT OF REVENUE  
 STATE

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

*Antonio Albuquerque* 9/30/16  
 Signature of Authorized Person Date

**ANTONIO ALBUQUERQUE**

Print or Type Name of Authorized Person