| State of Rhode Island and Providence Pl | | |
|---|----------------------|--|
| Department of State - Busine | ss Services Division | |
| Annual Report for the year: 2016 | | |
| 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 362186 | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|----------------------|--|-------------------------|-----------------------|--|
| | NIFKIN,LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 53 - Real Estate and Rental ar | BUYING AND SELLING REAL ESTATE | | | | | |
| 5. State of Formation | | | | | | |
| RHODE ISLAND | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 20 EAST BEL AIR ROAD | | | CRANSTON | RI | 02920 | |
| 7. Mailing Address of Limited Lia | bility Compa | ny and Name o | | | | |
| Contact Name RICHARD CECCA | | | Contact Title MEMBER | Contact Title MEMBER | | |
| Street Address PO BOX 827 | | | City PAWTUCKET | State RI | ^{Zip} 02862 | |
| 8. List ALL managers (names an | ıd addresses |) of the Limited | Liability Company, IF APPLICABL | _E - DO NOT LIST I | 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 | |
| | | <u></u> | | Check the box to it | ndicate an attachment | |
| 9. Resident Agent in Rhode Island | d. This informa | ation is currently o | of record with the Department of State | . Changes require filin | g Form 642. | |
| Under penalty of perjury, I decl statements, and that all statem | | | | any accompanying | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| RICHARD CECCA | | | | NOVEM | NOVEMBER 14, 2016 | |
| Signature of Authorized Person | | (Fr | lewern | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

