



State of Rhode Island and Providence Plantations
Department of State - Business Services Division


FILED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JAN 26 AM 11:15

Annual Report for the year: 2015

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 000158675 | | 2. Exact name of the Limited Liability Company Northern Holdings LLC | | | |
| 3. NAICS Code 53 - Real Estate and Rental ar | | 4. Brief description of the character of business conducted in Rhode Island Investments | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 1006 Charles Street | | City North Providence | | State RI | Zip 02904 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Jada Shepard | | | Contact Title Manager | | |
| Street Address 11 Robert Toner Blvd Suite 5-302 | | | City North Attleboro | | State MA |
| | | | Zip 02763 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Jada Shepard | | | Manager Name | | |
| Street Address 11 Robert Toner Blvd Suite 5-302 | | | Street Address | | |
| City North Attleboro | State MA | Zip 02763 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Jada Shepard | | | | Date 1-24-17 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

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

JAN 26 2017

By 294213
A.A. 11:17 A.M.