

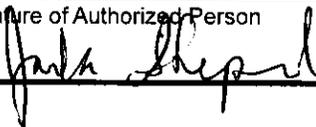


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2014
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

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 By 294213
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