

## **STAMP**

Annual Report for the year:	2017	
Limited Liability Company		

FOR SECRETARY OF STATE USE ONLY

-> 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 <b>543317</b>	Exact name of the Limited Liability Company     NikoTrack, LLC					
3. NAICS Code 522220	4 Brief description of the character of business conducted in Rhode Island SALE AND DISTRIBUTION OF INDUSTRIAL PRODUCTS					
5. State of Formation RHODE ISLAND						
6. Principal Office Address 87 HARGRAVES DRIVE			City PORTSMOUTH	State RI	Zıp 02871	
7 Mailing Address of Limited Lia	ibility Company	and Name or Tit	le of Contact Person		•	
Contact Name MICHAEL CHAPMAN			Contact Title MANAGER			
Street Address 87 HARGRAVES DRIVE			City PORTSMOUTH	State RI	Zip 02871	
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS	
Manager Name MICHAEL CHAPMAN			Manager Name			
Street Address 87 HARGRAVES DRIVE			Street Address			
City PORTSMOUTH	State RI	<sup>Zip</sup> 02871	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	_		<del></del>	Check the box to i	ndicate an attachment	
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 dec statements, and that all staten	lare and affirm nents contains	n that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
STEVEN M. MCINNIS			12/11/2	12/11/2017		
Signature of Authorized Person  Stom M 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
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