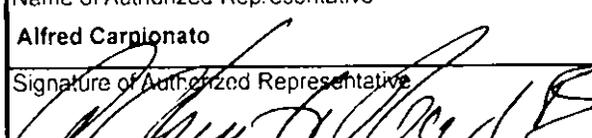




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 108054		2. Exact name of the Corporation NI Ltd.					
3. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919		
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Alfred Carpionato			Vice-President Name Alfred Carpionato				
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
Secretary Name Alfred Carpionato			Treasurer Name Alfred Carpionato				
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		1		Class A		\$1.00	
		99		Class B		\$1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>							
Name of Authorized Representative Alfred Carpionato						Date 2/28/18	
Signature of Authorized Representative 						SIGN DOCUMENT HERE FILED MAR 01 2018 BY 3507	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov