State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 000541429

2. Exact Name of the Limited Liability Company NEC Financial Services, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

811213

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

LEASE/FINANCE OF EQUIPMENT FOR NEC CORPORATION OF AMERICA AND OTHER SUBSIDIARIES AS WELL AS THIRD PARTIES.

5. Principal Office Address

No. and Street: 250 PEHLE AVENUE
STE 704
City or Town: SADDLE BROOK State: NJ Zip: 07663 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: HERSCHEL SALAN Contact Title: MANAGER
No. and Street: 250 PEHLE AVENUE
STE 704
City or Town: SADDLE BROOK State: NJ Zip: 07663 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	HERSCHEL SALAN	250 PEHLE AVE, STE 704 SADDLE BROOK, NJ 07663 USA
MANAGER	KOJI SUWAHARA	5-7-1 SHIBA 5-CHOME MINATO-KU TOKYO, 108-8001 JPN
MANAGER	MASAHIRO IKENO	3929 W JOHN CARPENTER FREEWAY IRVING, TX 75063 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of July, 2018 at 12:15:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By HERSCHEL SALAN
Signature of Authorized Person

Form No. 632
Revised 09/07