| s s  | tate of Rhode Island and Pro<br>Office of the Secreta |   | Fee: \$50.00 |
|--|---|---|--------------|
|  | Division Of Business<br>148 W. River S                |   |              |
|  | Providence RI 0290                                    | )4-2615                                   |              |
| HOPE   | (401) 222-304   | 40  |              |
| Limited Liability Company  |   |   |              |
| Annual Report<br>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-<br>16-66(b&c)) is subject to a penalty fee of \$25.00. |   |   |              |
| ANNUAL REPORT YEAR: 2018   |   |   |              |
| 1. ID No. <u>000116793</u>   |   |   |              |
| 2. Exact Name of the Limited Liability Company <u>N.A.J. ASSOCIATES, L.L.C.</u>  |   |   |              |
| 3. State of Formation  |   |   |              |
| State: <u>RI</u>   |   |   |              |
| ARTICLE III  |   |   |              |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download  |   |   |              |
| the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.   |   |   |              |
| 722511   |   |   |              |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  |   |   |              |
|  |   |   |              |
| RESTAURANT   |   |   |              |
| 5. Principal Office Address  |   |   |              |
| No. and Street: 10 W HOWARD WHARF  |   |   |              |
| City or Town: $\underline{\text{NEWPORT}}$ State: $\underline{\text{RI}}$ Zip: $\underline{02840}$ Country: $\underline{\text{USA}}$                   |   |   |              |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |   |              |
| Contact Name: RITA MAYO Contact Title:   |   |   |              |
| No. and Street: P.O. BOX 4259  |   |   |              |
| City or Town: <u>MIDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Country: <u>USA</u>   |   |   |              |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |   |   |              |
| Title  | Individual Name                                       | Address                                   |              |
|  | First, Middle, Last, Suffix                           | Address, City or Town, State, Zip C       | ode, Country |
| MANAGER  | RITA MAYO   | 6630ST. ANDREWS D<br>PADUCAH, KY 42001 US |              |
|  |   |   |              |

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

DOUGLAS A. GIRON-SHECHTMAN HALPERIN SAVAGE, LLP <u>1080 MAIN STREET</u> <u>PAWTUCKET</u>, <u>RI</u> <u>02860</u>

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

**Signed this 11 Day of September, 2018 at 9:26:36 AM 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 <u>ELISABETH M. DACRUZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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