S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	reet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000084078</u>	3		
2. Exact Name of the Li	mited Liability Company <u>LITTLE</u>	& NAGLE ASSOCIATES	, LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		ntity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in I	Rhode Island
TO HOLD TITLE TO R	EAL PROPERTY		
5. Principal Office Addre	SS		
No. and Street: 46	STATUE WAY		
City or Town: PC	DRTSMOUTH State: <u>RI</u>	Zip: <u>02871</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Persor	ı:
Contact Name: Contact	Title:		
	<u>STATUE WAY</u> <u>RTSMOUTH</u> State: <u>RI</u>	Zip: <u>02871</u> Cour	ntry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicab	le.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country
MANAGER	CHARLES NAGLE	46 STATUE PORTSMOUTH, RI 028	
MANAGER	BRENDA C NAGLE MS	453 WEST DEMEL	LO DRIVE

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

CHARLES E. NAGLE 46 STATUE WAY PORTSMOUTH , RI 02871

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

Signed this 7 Day of October, 2018 at 11:42:09 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>CHARLES E NAGLE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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