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R.I. DEPT. OF STATE

BUS SVCS DIV

STATE

2018 OCT 31 AM 10: 25

Annual Report for the year: 2018 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

	<u>ү.:</u>	<u> </u>			<u></u>	
1. Entity ID Number		2. Exact name of the Limited Liability Company				
791385	INICHOI	Nicholas-Anthony Properties, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
531390	l o buy and	To buy and sell real estate.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
1735 Mineral Spring Avenue			North Providence	RI	02904	
7. Mailing Address of Limit	led Liability Compa	ny and Name o				
Contact Name Marianna Feola			Contact Title Member			
Street Address 1735 Mineral Spring Avenue			City North Providence	State RI	^{Z_{iP}} 02904	
8. List ALL managers (nar	mes and addresse:	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	L		<u> </u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhod	le Island. This inforr	nation is currently	of record with the Department of State	. Changes require fili	ng Form 642.	
	, I declare and aff	irm that I have	examined this report, including			
Name of Authorized Person				Date		
Marianna Feola						
Signature of Authorized Pe	erson A	 .	04-1			
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FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 3 1 2018

FORM 632 - Revised: 10/2017