

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

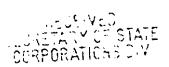
Annual Report for the year: 2018

**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.



2019 JUN 27 PM 1: 14

1. Entity ID Number 001675076		2. Exact name of the Limited Liability Company  NSL, LLC				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
531110	leasing of	leasing of real estate				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
29 Drowne Parkway			East Providence	RI	02914	
7. Mailing Address of Limite	ed Liability Compa	ny and Name o	r Title of Contact Person			
Contact Name Timothy J. Chapman, Esq.			Contact Title Registered Agent			
Street Address 670 Willett Avenue			City Riverside	State RI	<sup>Z<sub>ip</sub></sup> 02915	
8. List ALL managers (nam	nes and addresses	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<u> </u>		<u></u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhod	e Island. This inform	nation is currently	of record with the Department of Sta	ate. Changes require fili	ng Form 642	
Under penalty of perjury, statements, and that all s	, I declare and aff statements conta	irm that I have ined herein are	examined this report, includir true and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Perso C. Buckley Cooney				Date 4/2	7/19	
Signature of Authorized Pe		<u> </u>	1 S 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		+	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 27 2019 C BY CAL AXPEN