



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: 2019

1. ID No. 000132200

2. Exact Name of the Limited Liability Company NRT RELOCATION 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.

531390

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

RELOCATION SERVICES

5. Principal Office Address

No. and Street: 175 PARK AVENUE

City or Town: MADISON

State: NJ

Zip: 07940

Country: USA

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

Contact Name: Contact Title:

No. and Street: 175 PARK AVENUE

LEGAL DEPT.

City or Town: MADISON

State: NJ

Zip: 07940

Country: USA

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

| Title   | Individual Name             | Address                                         |
|---------|-----------------------------|-------------------------------------------------|
|         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | MARILYN J. WASSER           | 175 PARK AVENUE<br>MADISON, NJ 07940 USA        |

MANAGER

M. RYAN GORMAN

175 PARK AVENUE  
MADISON, NJ 07940 USA

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI  
02903

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

**Signed this 13 Day of August, 2019 at 4:28:29 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 SETH I. TRUWIT  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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