



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>1668437</b>		2. Exact name of the limited liability company <b>NICK-HAUS LLC</b>				<b>(453920)</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF THE SALE OF ANTIQUES.</b>					
5. Principal office address <b>51 BROAD STREET</b>			City <b>WARREN</b>		State <b>RI</b>	Zip <b>02885</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name <b>NICHOLAS HEYWOOD</b>			Contact Title <b>BUSINESS OWNER</b>				
Street Address <b>51 BROAD STREET</b>			City <b>WARREN</b>		State <b>RI</b>	Zip <b>02885</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE - DO NOT LIST MEMBERS (X) BOX FOR ATTACHMENT <input type="checkbox"/>							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip	Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip	Zip	
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

**FILED**

SEP 30 2019

BY 263

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nicholas Heywood 09/27/2019  
 Signature of Authorized Person Date

**NICHOLAS L. HEYWOOD**  
 Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By	_____
<b>FOR SECRETARY OF STATE USE ONLY</b>	