



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. 1668437		2. Exact name of the limited liability company NICK-HAUS LLC				(453920)	
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF THE SALE OF ANTIQUES.					
5. Principal office address 51 BROAD STREET			City WARREN		State RI	Zip 02885	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name NICHOLAS HEYWOOD			Contact Title BUSINESS OWNER				
Street Address 51 BROAD STREET			City WARREN		State RI	Zip 02885	
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

Nicholas Heywood

File Date	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

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