



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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.

FILED
OCT 11 2019
 BY 271 DS

| | | | | | |
|---|--|---|----------------------|-----------------|--|
| 1. Entity ID Number 1665444 | | 2. Exact name of the Limited Liability Company NEXGEN PROPERTIES LLC | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island TO OWN, ACQUIRE, MANAGE, RENT AND SELL REAL ESTATE AND ALL MATTERS RELATED THERETO | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 5 CINDY CIRCLE | | City JOHNSTON | State RI | Zip 02919 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name DENNIS R. CICCHITELLI | | | Contact Title MEMBER | | |
| Street Address 5 CINDY CIRCLE | | City JOHNSTON | State RI | Zip 02919 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | | City | State | Zip | |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | | State | Zip | City | |
| | | | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person DENNIS R. CICCHITELLI | | | | Date 10-7-19 | |
| Signature of Authorized Person | | SIGN DOCUMENT HERE | | | |

MAIL TO:
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