PS Filing Number: 201924442280 Date: 10/15/2019 4:00:00 PM



Annual Report for the year: _\(\int_0/\)0 **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.

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BY	<u> 1700</u>	4

Entity ID Number	2. Exact name of the Limited Liability Company							
000794153	NICNAP Partners LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
I 53/110	Real Estate Investments							
5. State of Formation	React Colocic Illicon							
RT	1							
6. Principal Office Address	l .		City	State	Zip			
216 Gray Ce	eava K	oad	Midelletown	KET	02.842			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name / Might ta			Contact Title					
Street Address Ghan	CKai1	Road	City Middle tous	State RI	Zip 02842			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name Pone		Manager Name NOW						
Street Address		Street Address						
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
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.								
Name of Authorized Person								
Andrew F. Nigoletta / 10/10/19								
Signature of Authorized Person								
SIGN DOODWENT AT DA								
$\searrow \chi$ \ /								
MAIL TO:								
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615								
Phone: (401) 222-3040								

Phone: (401) 222-3040 Website: www.sos.ri.gov