



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 *[Signature]* **STAMP**
OCT 21 2019
37897

| | | | | | |
|---|-------|--|---------------------------------------|--------------------------------|---------------------|
| 1. Entity ID Number 83418 | | 2. Exact name of the Limited Liability Company NINETY POUND NANCY, LLC | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMNT & OWNERSHIP | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 122 TOURO STREET | | City NEWPORT | | State RI | Zip 02840 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name TURNER C. SCOTT | | | Contact Title REGISTERED AGENT | | |
| Street Address 122 TOURO STREET | | City NEWPORT | | State RI | Zip 02840 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <i>Same as above</i> | | Manager Name | | | |
| 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 <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. | | | | | |
| 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 DANIEL PUERINI | | | | Date OCTOBER 7, 2019 | |
| Signature of Authorized Person <i>[Signature]</i> | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services
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