s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001684810</u>	<u>)</u>		
2. Exact Name of the Limited Liability Company $\underline{NRINOW, LLC}$			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>519130</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island
ONLINE NEWS PUBL	SHING AND SALES OF ADVER	RTISING	
5. Principal Office Addre	SS		
	LORENCE STREET CTH SMITHFIELD State	: <u>RI</u> Zip: <u>02896</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
	A SEOANE Contact Title: FOUNDE	2	
	TH SMITHFIELD State: I	<u>RI</u> Zip: <u>02896</u> Cour	ntry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liab RS	ility Company, if Applicable	Э.
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	o Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SANDRA SEOANE <u>34 FLORENCE STREET</u> NORTH SMITHFIELD , <u>RI</u> 02896

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 17 Day of November, 2019 at 4:08:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By SANDRA SEOANE

Signature of Authorized Person

Form No. 632 Revised 09/07

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