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2020 SEP 23 PM 1:00

Annual Report for the year: 2020  
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.

1. Entity ID Number 788607		2. Exact name of the Limited Liability Company NA Ventures LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island  To buy, sell, invest, improve and hold real and personal property.			
5. State of Formation Rhode Island					
6. Principal Office Address c/o Cosmed Group, Inc., 28 Narragansett Avenue			City Jamestown	State RI	Zip 02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael L. Howe, Ph.D.			Contact Title Manager		
Street Address c/o Cosmed Group, Inc., 28 Narragansett Avenue			City Jamestown	State RI	Zip 02835
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael L. Howe, Ph.D.			Manager Name		
Street Address c/o Cosmed Group, Inc., 28 Narragansett Avenue			Street Address		
City Jamestown	State RI	Zip 02835	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.					
<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 Michael L. Howe, Ph.D., Manager				Date August 31, 2020	
Signature of Authorized Person <i>Michael L. Howe</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2816  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

A.A.

SEP 23 2020  
BY 2410619