	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290	04-2615	
HOPE	(401) 222-30	40	
Limited Liability Comp Annual Report Filing Period: September 1 -			
In accordance with R.I.G.L.	7-16-66(d), each limited liability com		
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
<b>1. ID No.</b> <u>000950741</u>			
2. Exact Name of the Limited Liability Company <u>NYCG, LLC</u>			
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>531190</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE			
5. Principal Office Addres	S		
No. and Street:20 NEWCity or Town:RUMFO	<u>MAN AVENUE, SUITE 1005</u> <u>RD</u>	State: <u>RI</u> Zip: <u>02916</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>COLIN P. KANE</u> Contact Title: <u>MANAGER</u> No. and Street: <u>20 NEWMAN AVENUE, SUITE 1005</u>			
City or Town: RUMFO	RD	State: <u>RI</u> Zip: <u>02916</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	lin Cada Caurt
MANAGED	First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country
MANAGER	COLIN P. KANE	20 NEWMAN AVE, RUMFORD, RI 0291	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEAN A. HARRINGTON, ESQ. 321 SOUTH MAIN STREET, 4TH FLOOR PROVIDENCE, RI 02903

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

**Signed this 21 Day of October, 2020 at 2:36:29 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 COLIN P. KANE, MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

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