

## **Department of State - Business Services Division**

Annual Report for the year: <u>2020</u> 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 OCT 3 0 2020 P 1986

1 Entity ID Number	2. Exact name of the Limited Liability Company					
000161143	NJD, XXC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
236210	designing					
5. State of Formation	designing					
R.I.						
6. Principal Office Address	City		State	Zip		
5 Pine anove Love			West Greenu	rch	R.I.	02817
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name  Nama Jean Bassett			Contact Title			
Street Address Some as abor			Evest Preenive	ch	State R. I	21p 028/7
8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			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
	<del></del>		<u> </u>	Chec	k the box to indi	cate an attachment
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Date						
norma Jean Bassett					10/2	7/2020
Signature of Authorized Person						
Normalean Bassell						

MAIL TO:

**Division of Business Services** 

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