



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Limited Liability Company

NOV 09 2020
BY 2570
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- 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 001702676		2. Exact name of the Limited Liability Company NRE, LLC			
3. NAICS Code <u>624299</u>		4. Brief description of the character of business conducted in Rhode Island <u>HOUSING SERVICES</u>			
5. State of Formation RHODE ISLAND					
6. Principal Office Address PO BOX 142		City PORTSMOUTH	State RI	Zip 02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name E. EMIL GORDON			Contact Title MANAGER		
Street Address PO BOX 142		City PORTSMOUTH	State RI	Zip 02871	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name E. EMIL GORDON		Manager Name			
Street Address PO BOX 142		Street Address			
City PORTSMOUTH	State RI	Zip 02871	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. 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 E. EMIL GORDON, MANAGER				Date <u>30 Sep 2020</u>	
Signature of Authorized Person <u>E. Emil Gordon</u>					

MAIL TO:
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