



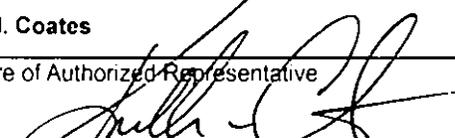
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED STAMP

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 25 2021
 BY 19603 DS

| | | | | | |
|---|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 14368 | | 2. Exact name of the Corporation National Investments Ltd. | | | |
| 3. Principal Office Address 1414 Atwood Avenue | | City Johnston | | State RI | Zip 02919 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Kelly M. Coates | | | Vice-President Name Sheryl Carpiolato | | |
| Street Address 1414 Atwood Avenue | | | Street Address 1414 Atwood Avenue | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name Angelo Marocco, Esq. | | | Treasurer Name Gary Famiglietti | | |
| Street Address 1200 Reservoir Avenue | | | Street Address 1414 Atwood Avenue | | |
| City Cranston | State RI | Zip 02920 | City Johnston | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 100 | | Common | |
| | | | | PAR VALUE | |
| | | | | No Par Value | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| 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 Representative Kelly M. Coates | | | | | Date 1/22/21 |
| Signature of Authorized Representative  | | | | | SIGN DOCUMENT HERE |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov