



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FIL - 0

FEB 04 2021

BY [Signature]

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

1. Entity ID Number 55848		2. Exact name of the Corporation NHI, INC.			
3. Principal Office Address 17 PEQUOT LANE		City MIDDLETOWN	State RI	Zip 02842	
4. NAICS Code 424330		6. Brief description of the character of business conducted in Rhode Island SALES + CONSULTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name LAUREN Z. STROLL		Vice-President Name			
Street Address 17 PEQUOT LANE		Street Address			
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0		0	
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. <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 Representative LAUREN Z STROLL				Date 01/29/2021	
Signature of Authorized Representative <i>Lauren Z Stroll</i>					

MAIL TO:
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