RI SOS Filing Number: 202103605010 Date: 10/18/2021 4:00:00 PM

(AR)

State of Rhode Island

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

FILEDSTAMP

Annual Report for the year: 2021

**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.

0	CT 18 2021
BY	1053
	TOX

Entity ID Number	2 Evact name	of the Limited L	ishility Company			
001700829	2. Exact name of the Limited Liability Company  Nelson Family Assets Distribution, LLC					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
525920						
5. State of Formation	The LLC is in the business of owning, managing and making full use of real estate as a					
i Ři	resource for	the benefit of th	ne Benefiaries/Members.			
	<u></u>					
6. Principal Office Address			City	State	Zip	
55 Memorial Blvd			Newport	RI	02840	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit				
Contact Name Judith Minzel			Contact Title Admin			
Street Address 1977 Eddy Street			City Port Townsend	State WA	<sup>Zıp</sup> 98368	
8. List ALL managers (names ar	nd addresses) o	f the Limited Lial			IEMBERS	
Manager Name Carolyn Estes			Manager Name Mark Estes			
Street Address 3751 Yuhas Ave			Street Address 2105 Josey Ln Apt 240			
<sup>City</sup> Helena	State MT	<sup>Zip</sup> 59602	City Carrollton	State TX	<sup>Zıp</sup> 75006	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Z <sub>I</sub> p	
	<del></del> -			Check the box to in	idicate an attachment	
9. The Resident Agent information	on currently of re	ecord with the RI	Department of State is accura-	te Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm nents containe	that I have exa d herein are tru	mined this report, including a eand correct.	any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Judith Minzel				10/12/20	10/12/2021	
Signature of Authorized Person						
	-		<del></del> ·			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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