



State of Rhode Island

Department of State - Business Services Division

FILED STAMP

Annual Report for the year: **2021**

Limited Liability Company

→ Filing period: September 1 - November 1

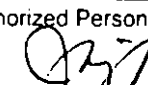
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BY

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1. Entity ID Number 001700829		2. Exact name of the Limited Liability Company Nelson Family Assets Distribution, LLC			
3. NAICS Code 525920		4. Brief description of the character of business conducted in Rhode Island The LLC is in the business of owning, managing and making full use of real estate as a resource for the benefit of the Beneficiaries/Members.			
5. State of Formation RI					
6. Principal Office Address 55 Memorial Blvd		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Judith Minzel			Contact Title Admin		
Street Address 1977 Eddy Street		City Port Townsend		State WA	Zip 98368
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Carolyn Estes			Manager Name Mark Estes		
Street Address 3751 Yuhas Ave			Street Address 2105 Josey Ln Apt 240		
City Helena	State MT	Zip 59602	City Carrollton	State TX	Zip 75006
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 Judith Minzel				Date 10/12/2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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