



State of Rhode Island

Department of State - Business Services Division

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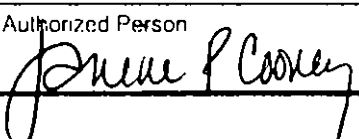
Annual Report for the year: **2021**

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.

1. Entity ID Number 1675076		2. Exact name of the Limited Liability Company NSL, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Leasing of Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 29 Drowne Parkway		City East Providence		State RI	Zip 02916
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Timothy J. Chapman, Esq.			Contact Title Registered Agent		
Street Address 670 Willett Avenue			City Riverside	State RI	Zip 02915
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment: ☐					
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 Janine P. Cooney				Date 11/19/21	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 632 - Revised: 08/2020