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	2. Exact name of the Limited Liability Company		
1675076	**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: Janine P Cooney			

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