| | State of Rh Office of the Se | | | Fee: \$50.00 |
|--|------------------------------------|------------------|----------------------|-------------------------|
| Division Of Business Services | | | | |
| 148 W. River Street | | | | |
| Providence RI 02904-2615 (401) 222-3040 | | | | |
| HOPE | | 22 3010 | | |
| Limited Liability Company | | | | |
| Annual Report Filing Period: September 1 | - November 1 | | | |
| In accordance with R.I.G.L. | 7-16-66(d), each limited liability | | | |
| to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR: | 2021 | | | |
| 1. ID No. <u>001714176</u> | | | | |
| 2. Exact Name of the Limited Liability Company <u>Nelson Investments, LLC</u> | | | | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| ARTICLE III | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | |
| <u>531390</u> | | | | |
| 4. Brief Description of th | e Character of the Business | Which is Act | ually Conducte | d in Rhode Island |
| REAL ESTATE | | | | |
| 5. Principal Office Addre | SS | | | |
| No. and Street: 1576 | BEACON HILL LN | | | |
| | CK ISLAND | State: <u>RI</u> | Zip: <u>02807</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: JAKE NE | ELSON Contact Title: | | | |
| | BEACON HILL LN | 0, , 5; | | |
| City or Town: <u>BLOC</u> | <u>CK ISLAND</u> | State: <u>RI</u> | Zip: <u>02807</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Name | | Addı | ress |
| | First, Middle, Last, Suffix | Addr | ess, City or Town, S | tate, Zip Code, Country |
| | | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PAUL N LAPROCINA JR LEPIZZERA & LAPROCINA COUNSELLORS AT LAW, LTD 117 METRO CENTER BLVD, STE 2 WARWICK, RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2021 at 9:45:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAUL N LAPROCINA JR

Signature of Authorized Person

Form No. 632 Revised 09/07

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