



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

FILED

FEB 21 2023

BY 2760  
ea

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000055848</u>	2. Exact name of the Corporation <u>NHI, INC.</u>
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3. Principal Office Address <u>17 PEQUOT LANE</u>	City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>
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4. NAICS Code <u>541618</u>	6. Brief description of the character of business conducted in Rhode Island <u>SALES + CONSULTING</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>LAUREEN Z. STROU</u>		Vice-President Name	
Street Address <u>17 PEQUOT LANE</u>		Street Address	
City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	

8. List ALL directors (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	

9. Shares Authorized <u>4000</u>	10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>0</u>	<u>CNP</u>	<u>0.0000</u>

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**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 Representative <u>LAUREEN Z. STROU</u>	Date <u>2/15/23</u>
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Signature of Authorized Representative <u>Laureen Z. Strou</u>
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov