

State of Rhode Island Department of State -- Business Services Division

Annual Report for the year: 2023

Limited Liability Company

→ Filing period: February 1 - May 1

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



া. Entity ID Number	2. Exact name of the Limited Liability Company				
001701197	N & E, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	REAL ESTATE AC	CTIVITIES			
5. State of Formation	1				
RHODE ISLAND					:
6. Principal Office Address	<u> </u>	City	State	Zip	
64 APPLETON STREET		PROVIDENCE	RI	02909	
7. Mailing Address of Limited Lia	ability Company and Name	or Title of Contact Person			
Contact Name NORMAN RODRIGUEZ		Contact Title MEMBER			
Street Address 64 APPLETON STREET		City PROVIDENCE	State RI	^{Zip} 02909	
8. The Resident Agent informati	on currently of record with	the RI Department of State is accurat	e. Changes requi	re filing Form 642.	
9. Under penalty of perjury, I o statements, and that all states	leclare and affirm that I h nents contained herein a	ave examined this report, including re true and correct.	g any accompan	ying schedules an	id
Name of Authorized Person			Date		
NORMAN RODRIGUEZ			06/01/2023		
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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