RI SOS Filing Number: 202445024120 Date: 1/30/2024 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024

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.

Stamp

| 1. Entity ID Number <b>001761951</b>                | 2. Exact name of the Limited Liability Company Nieforth Service LLC      |  | 9\$ BSD<br>411:56:24  |                     |  |
|---|--|--|-----------------------|---------------------|--|
| 3. NAICS Code<br>811310                             |  | 4. Brief description of the character of business conducted in Rhode Island  Service machinery and sale of parts, all ancillary purposes, and all other lawful purposes. |                       |                     |  |
| 5. State of Formation RI                            |  |  |                       |                     |  |
| 6. Principal Office Address 84 Crestwood Drive      |  | City<br>West Warwick   | State RI              | Zip<br><b>02893</b> |  |
| 7. Mailing Address of Limite                        | ed Liability Company and Name or T                                       | Fitle of Contact Person  | <u> </u>              |                     |  |
| Contact Name Paul L. Nieforth                       |  | Contact Title  Manager   |                       |                     |  |
| Street Address 84 Crestwood Drive                   |  | City<br><b>West Warwick</b>  | State<br>RI           | Zip<br>02893        |  |
| 8. The Resident Agent infor                         | mation currently of record with the f                                    | RI Department of State is accu   | urate. Changes requir | re filing Form 642. |  |
|   | I declare and affirm that I have ex<br>tatements contained herein are tr |  | g any accompanyir     | ng schedules and    |  |
| Name of Authorized Person<br>Paul L. Nieforth / Max | nager  |  | Date 1/2 L            | Date 1/24/24        |  |
| Signature of Authorized Per                         |  | anager   |                       |                     |  |

**FILED** 

JAN 3 0 2024

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov