



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

Annual Report for the year: 2024 **Limited Liability Company** 

FILED STAMP

MAR 1 2 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| <u>.</u>                            |  |   | _               | <u> </u>             |  |
|-------------------------------------|--|---|-----------------|----------------------|--|
| 1. Entity ID Number                 | 2. Exact name of the Limited   | 2. Exact name of the Limited Liability Company                                |                 |                      |  |
| 000799189                           | NCC, LLC   | NCC, LLC  |                 |                      |  |
| 3. NAICS Code                       | 4. Brief description of the ch   | 4. Brief description of the character of business conducted in Rhode Island   |                 |                      |  |
| 523930                              | Maintain investments   | Maintain investments including, but not limited to, stocks, securities, bonds |                 |                      |  |
| 5. State of Formation               | and mutual funds, ar   | and mutual funds, and to purchase, develop, own, manage, maintain, sell or    |                 |                      |  |
| RI                                  | lease real estate and  | lease real estate and improvements thereon (together with related property).  |                 |                      |  |
| 6. Principal Office Address         |  | City  | State           | Zip                  |  |
| 230 River Farm Drive                |  | East Greenwich  | RI              | 02818                |  |
| 7. Mailing Address of Limite        | ed Liability Company and Name or                                       | Title of Contact Person   |                 | ·                    |  |
| Contact Name                        |  | Contact Title   |                 |                      |  |
| Street Address 230 River Farm Drive |  | City East Greenwich   | State RI        | <sup>Zip</sup> 02818 |  |
| 8. The Resident Agent info          | mation currently of record with the                                    | RI Department of State is accurate.   | Changes require | filing Form 642.     |  |
|                                     | ry, I declare and affirm that I have<br>tatements contained herein are | e examined this report, including true and correct.                           | any accompany   | ing schedules and    |  |
| Name of Authorized Person           |  |   | Date / /        |                      |  |
| Joseph R. Marion III                | , Esq.   |   | 3/4/24          |                      |  |
| Signature of Authorized Pe          | rson   |   |                 |                      |  |

MAIL TO:

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