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## 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
000 137754	D'ENCOLE GNOUP NEMET LLC				
3. NAfCS Code	4. Brief description of the character of business conducted in Rhode Island				
531 120					
5. State of Formation	NEM ESTATE				
N.I.					
6. Principal Office Address		City	State	Zip	
2100 PLAINFIE	co VIKE	CHADSTEN	NI	02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
PAUL D'ENCOLE		OLINEA			
Street Address	01400	City	State	Zip	
2000 PLANUR	1860 7/18	Cnnsta	N.Z.	02921	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person		Date			
PAUL D'ENCOLK		4/29/24			
Signature of Authorized Person					

Division of Business Services

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

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