

State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50 00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

OCT 22 2024
BY [Signature]

RI DOS MADE NON-SUBSTANTIVE EDITS

RECEIVED
RI DEPT OF STATE
BUS SVCS
2024 OCT 22

1. Entity ID Number <u>1671941</u>		2. Exact name of the Corporation NNI CONSTRUCTION CO.			
3. Principal Office Address 2005 WEST CYPRESS CREEK RD, STE 102		City FORT LAUDERDALE		State FL	Zip 33309
4. NAICS Code 236200	6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR				
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name BRIAN MILLER			Vice-President Name LESTER T. MILLER		
Street Address 864 BELWOOD DR			Street Address 621 HANFORD DR		
City HIGHLAND HTS	State OH	Zip 44143	City HIGHLAND HTS	State OH	Zip 44143
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name GEOFFREY M. PROTZ			Director Name		
Street Address 18470 AUBURN RD			Street Address		
City CHAGRIN FALLS	State OH	Zip 44023	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500		COMMON	
				PAR VALUE	
				0	
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>[Signature]</u>					Date 4-10-24
Signature of Authorized Representative BRIAN MILLER					

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov