



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
25 APR 28 PM 11:03:14

Annual Report for the year: 2025
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.

| | | | |
|---|--|---|---------------------|
| 1. Entity ID Number <u>001669165</u> | | 2. Exact name of the Limited Liability Company <u>NESCO 330 HOPEST LLC</u> | |
| 3. NAICS Code <u>531110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>ROMSANO</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>330 HOPEST.</u> | | City <u>PROV.</u> | State <u>RI.</u> |
| Zip <u>02906</u> | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>ERNEST PERSECHINO</u> | | Contact Title | |
| Street Address <u>830 HOPEST</u> | | City <u>PROVIDENCE</u> | State <u>RI.</u> |
| Zip <u>02906</u> | | | |
| 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 <u>ERNEST PERSECHINO</u> | | Date <u>4-28-25</u> | |
| Signature of Authorized Person <u>[Signature]</u> | | | |

FILED

APR 28 2025

BY 889

MAIL TO:

Division of Business Services

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