

State of Rhode Island Department of State - Business Services Division

- Business Services Division

Annual Report for the year: 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 Lia	bility Company				
001669165	NESCE 830	HOPEST L	LC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
\$31110						
5. State of Formation						
<u>N-1</u>	Romsomo					
6. Principal Office Address		City	State	Zip		
330 HOPE	-ST.	Prov	121.	52706		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			<u> </u>	<u> </u>		
ERNEST PERSECHIN						
Street Address		City	State	Zip		
830 HOPE, ST		City PROVIDENCE	17-1	02706		
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 Descar						
/)		Date .				
ERNEST YENSECHINO 4-28.2			3,26			
Signature of Authorized Person						
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FILED

APR 28 2025

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MAIL TO:

Division of Business Services

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

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