

Department of State - Business Services Division

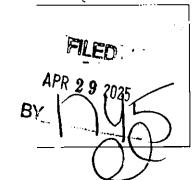
Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



2. Exact name of the Limi Niko US, LLC	2. Exact name of the Limited Liability Company Niko US, LLC		
	Brief description of the character of business conducted in Rhode Island Sale and distribution of industrial products		
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	City	State	Zıp
	Newport	RI	02840
d Liability Company and Name	or Title of Contact Person		
apman Contact Title Member			
ing Road	City Portsmouth	State RI	^{Zip} 02871
mation currently of record with t	he RI Department of State is accura	ate. Changes require	e filing Form 642.
y, I declare and affirm that I ha atements contained herein ar	ave examined this report, including true and correct.	ng any accompany	ing schedules and
		Date 3 /	3/2025
son M / M		· /	
	Niko US, LLC 4. Brief description of the Sale and distribution distribution description of the Sale and Affirm that I have been a sale at the Sale and affirm that I have been a sale at the Sale and affirm that I have been a sale at the Sale and affirm that I have been a sale at the Sale and affirm that I have been a sale at the Sale and affirm that I have been a sale at the Sale and affirm that I have been a sale at the Sale and distribution description of the Sale and distribution description description of the Sale and distribution description	A. Brief description of the character of business conducted in Sale and distribution of industrial products City Newport d Liability Company and Name or Title of Contact Person Contact Title Member ing Road City Portsmouth City Portsmouth mation currently of record with the RI Department of State is accurate, I declare and affirm that I have examined this report, including atternents contained herein are true and correct.	A. Brief description of the character of business conducted in Rhode Island Sale and distribution of industrial products City Newport City Newport Contact Person Contact Title Member Ing Road City Portsmouth State RI City Portsmouth State RI Metalian Currently of record with the RI Department of State is accurate. Changes require to the contained herein are true and correct. Date Date Date

MAIL TO:

Division of Business Services

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