



State of Rhode Island
Department of State - Business Services Division

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.

FILED
STAMP
MAY 12 2025
BY [Signature]
RECEIVED
DEPT OF STA
BUS SVCS DIV
MAY 12 P 4: 05

1. Entity ID Number 001755159		2. Exact name of the Limited Liability Company NOWA MANAGEMENT, LLC		
3. NAICS Code 445110		4. Brief description of the character of business conducted in Rhode Island GROCERY STORE		
5. State of Formation RHODE ISLAND				
6. Principal Office Address 187 MESSER STREET		City PROVIDENCE	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name NOEL NUNEZ		Contact Title MANAGER		
Street Address 48 MARLBOROUGH AVENUE		City PROVIDENCE	State RI	Zip 02907
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person NOEL NUNEZ			Date 02/04/2025	
Signature of Authorized Person <u>[Signature]</u>				

MAIL TO:

Division of Business Services
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