

## State of Rhode Island **Department of State - Business Services Division**

FILED

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.

2025

1. Entity ID Number	2. Exact name of the Limited	Liability Company	=	. 2
001701197	N & E, LLC		03	
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE ACTIVITIES		
5. State of Formation RHODE ISLAND				
6. Principal Office Address		City	State	Zip
64 APPLETON STREET		PROVIDENCE	RI	02909
7. Mailing Address of Limi	ted Liability Company and Name or	Title of Contact Person		
Contact Name NORMAN RODRIGUEZ		Contact Title MEMBER		
Street Address 64 APPLETON STREET		City PROVIDENCE	State	<sup>Zip</sup> 02909
8. The Resident Agent inf	ormation currently of record with the	RI Department of State is accurate	. Changes require	e filing Form 642.
9. Under penalty of peri	ury, I declare and affirm that I have	e examined this report, including	any accompany	ring schedules and
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date	
NORMAN RODRIGUEZ			02/04/2025	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov