



State of Rhode Island  
Department of State - Business Services Division

**FILED**

**FEB 12 2024**

BY *[Signature]*

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

- 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 <b>000108054</b>		2. Exact name of the Corporation <b>NI, Ltd.</b>				
3. Principal Office Address <b>1414 Atwood Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Ownership and Development of Real Estate</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Kelly M. Coates</b>			Vice-President Name <b>Sheryl Carpionato</b>			
Street Address <b>1414 Atwood Avenue</b>			Street Address <b>1414 Atwood Avenue</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name <b>Angelo Marocco, Esq</b>			Treasurer Name <b>Kelly M. Coates</b>			
Street Address <b>1200 Reservoir Avenue</b>			Street Address <b>1414 Atwood Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	
			1		Class A	\$1.00
			99		Class B	\$1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>						
Name of Authorized Representative <b>Kelly Coates</b>					Date <b>1/17/24</b>	
Signature of Authorized Representative <i>[Signature]</i>						

MAIL TO:  
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