



## State of Rhode Island Department of State - 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.



| Entity ID Number               | 2. Exact name of the Limited Liability Company   |                              |                      |                      |
|--------------------------------|--|------------------------------|----------------------|----------------------|
| 139454                         | NORTHWEST PROPERTIES, LLC  |                              |                      |                      |
| 3. NAICS Code                  | 4. Brief description of the character of business conducted in Rhode Island  |                              |                      |                      |
| 531190                         | Real Estate Acquisition, Holding and Management  |                              |                      |                      |
| 5. State of Formation          |  |                              |                      |                      |
| Rhode Island                   |  |                              |                      |                      |
| 6. Principal Office Address    | <u></u>  | City                         | State                | Zip                  |
| 627 Putnam Pike                |  | Greenville                   | RI                   | 02828                |
| 7. Mailing Address of Limited  | Liability Company and Name or Titl   | e of Contact Person          |                      |                      |
| Contact Name Timothy F. Kane   |  | Contact Title  Member        |                      |                      |
| Street Address 627 Putnam Pike |  | <sup>City</sup> Greenville   | State R1             | <sup>Zip</sup> 02828 |
| 8. The Resident Agent informa  | ation currently of record with the RI  | Department of State is accur | ate. Changes require | filing Form 642.     |
|                                | I declare and affirm that I have extended the following the following that I have extended the following the follo | • •                          | ing any accompanyi   | ng schedules and     |
| Name of Authorized Person      |  |                              | Date                 | //                   |
| Timothy F. Kane                |  |                              | 9/9/                 | 29                   |
| Signature of Authorized Person | on   |                              | -///                 | 7                    |
| Tunck                          | Flac   |                              |                      |                      |
|                                |  |                              |                      | •                    |

MAIL TO:

**Division of Business Services** 

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