



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2617
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 162720		2. Exact name of the limited liability company Pereira Properties, LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate holding business			
5. Principal office address 3 Modesta Street		City North Providence		State Rhode Island	Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Carlos Pereira			Contact Title		
Street Address 3 Modesta Street		City North Providence		State Rhode Island	Zip 02904
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILE IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) ☐					
Manager Name Carlos Pereira			Manager Name		
Street Address 3 Modesta Street			Street Address		
City North Providence	State Rhode Island	Zip 02904	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Carlos Pereira			Address 3 Modesta Street		
Address			City North Providence	Zip 02904	

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

162720

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.

Signature of Authorized Person
Date
9-3-2008
Carlos Pereira
Print or Type Name of Authorized Person

FILED
File Date SEP 17 2008
Check No. 634
By FOR SECRETARY OF STATE USE ONLY