



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |                                 |                    |                     |
|---|-------|---|---------------------------------|--------------------|---------------------|
| 1. Entity ID No.<br><b>147484</b>   |       | 2. Exact name of the limited liability company<br><b>The Providence Piers, LLC</b>  |                                 |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Buying, renovating, managing, and selling real estate</b> |                                 |                    |                     |
| 5. Principal office address   |       |   | City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02915</b> |
| Contact Name<br><b>Patrick T. Conley</b>  |       |   | Contact Title<br><b>Manager</b> |                    |                     |
| Street Address<br><b>As stated above</b>  |       |   | City                            | State              | Zip                 |
| Manager Name  |       |   | Manager Name                    |                    |                     |
| Street Address  |       |   | Street Address                  |                    |                     |
| City  | State | Zip   | City                            | State              | Zip                 |
| Manager Name  |       |   | Manager Name                    |                    |                     |
| Street Address  |       |   | Street Address                  |                    |                     |
| City  | State | Zip   | City                            | State              | Zip                 |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |       |   |                                 |                    |                     |

**FILED**

OCT 25 2012

By *MNC*

*CH # 7145*



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.

*Patrick T. Conley* 10/16/2012  
 Signature of Authorized Person Date  
**Patrick T. Conley**  
 Print or Type Name of Authorized Person