

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 2013

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.			ility company		2. Exact name of the limited liability company					
504996	PRI XXX	LLC								
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island								
Rhode Island	Real Est	Real Estate Holding Company								
. Principal office address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920						
6. MAILING ADDRESS (OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:						
Contact Name James Procaccian		Contact Title								
Street Address 1140 Reservoir Avenue			City Cranston	State RI	Zip 02920					
7. LIST ALL MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Manager Name	State Zip		Manager Name							
Street Address	d _dc.g.m.hc.dh.dh.dh.		Street Address	<u></u>	h (h) () () () () () () () ()					
City	State	Zip	City	State	Zip					
8. RESIDENT AGENT IN	RHODE ISLAND									
		Office of the Sec	retary of State. Changes require	e filing Form 642.						

File Date	FILED	Under penalty of perjury, I declare and aft this report, including any accompanying and that all statements contained herein	schedules and statements,
Check No	SEP 1 0 2013	Signature of Muthorized Person	9-9-13 Date
FOR SECRETARY OF STATE USE ONLY	8/9/	James Procaccianti Print of Type Name of Authorized Person	

Form No. 632 Revised: 01/2012