



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 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 150504		2. Exact name of the limited liability company PG REAL ESTATE HOLDINGS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, BUY, SELL, LEASE, RENT AND DEAL WITH AND IN REAL ESTATE			
5. Principal office address 60 DELTA DRIVE		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GARY STIFFLER			Contact Title MANAGER		
Street Address 60 DELTA DRIVE		City PAWTUCKET	State RI	Zip 02860	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name GARY STIFFLER			Manager Name JAMES F. STONE		
Street Address 60 DELTA DRIVE		Street Address 40 WESTMINSTER STREET, SUITE 703			
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02903
Manager Name BENJAMIN W. MCCLEARY			Manager Name		
Street Address 40 WESTMINSTER STREET, SUITE 703		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

SEP 16 2013

By *[Signature]*
CD #171094

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

150504

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] 9/9/13
Signature of Authorized Person Date

GARY STIFFLER, MANAGER

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY