



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report 2013**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2013

1. ID No. 000151800

2. Exact Name of the Limited Liability Company Premier Investments, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INVESTMENTS

5. Principal Office Address

No. and Street: 10 MEMORIAL BLVD

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 10 MEMORIAL BLVD

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Name	FILED	Address
		Address, City or Town, State, Zip Code, Country
ANTHONY J. DELUCA	NOV 29 2013	10 MEMORIAL BLVD PROVIDENCE, RI 02903 USA

BY 1062

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SCOTT J. SUMMER, ESQ. MONTAQUILA & SUMMER, PC 400 RESERVOIR AVENUE, SUITE 3A
PROVIDENCE , RI 02907-

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Frances C. O'Donnell

Business Name: The Koffler Group

No. and Street: 10 MEMORIAL BLVD

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

Contact Phone: (401) 273-8600 ext:

Contact Email: odonnell@thekofflergroup.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 30 Day of October, 2013 at 12:56:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By Anthony J. DeLuca

Signature of Authorized Person

Form No. 632
Revised 09/07

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