

Annual Report

Filing Period: September 1 - November 1

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

LOGOUT |

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.	Help with this form
ANNUAL REPORT YEAR: 2014	
1. ID No. <u>000151800</u>	1
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	.* ;
FILED	

5. Principal Office Address		AUG 0-5 2014
No. and Street:	10 MEMORIAL BLVD	BY
City or Town:	PROVIDENCE	State: RI Zip: 02903 Country: USA
6. Mailing Addr	ess of Limited Liability Com	pany 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 Ad DO NOT LIST		he Limited Liability Company, if Applicable.

Delete

		Name	Address Address, City or Town, State, Zip Code, Country		
		ANTHONY J. DELUCA	10 MEMORIAL BLVD		
<u> </u>			PROVIDENCE, RI 02903 USA		
First Name	e:	Middle Name:	Last Name: Suffix:		
Address:	Address: City: State: Zip: Country:				
			Clear Add		
8. RESI	DENT A	SENT IN RHODE ISLAND.	DO NOT ALTER		
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
SCOT	T J. SUM	IMER, ESQ. MONTAQUILA	& SUMMER, PC 400 RESERVOIR AVENUE, SUITE 3A		
PROVID	DENCE,	RI 02907-	The state of the s		
9. This	report m	ust be executed by an aut	horized person pursuant to R.I.G.L. 7-16-66 (b).		
1	(b).				
Filer's Contact Information					
(Enter a	contact i	name, mailing address and	email.)		
		Frances C. O'Donnell			
No. and		The Koffler Group	D: : 10"		
No. and	Oll CCL.	10 MEMORIAL BLVD	Principal Office		
City or 7	Fown:	PROVIDENCE	State: RI Zip: 02903 Country: USA		
	Phone:	401-273-8600 ext: 30			
Contact Email: odonnell@thekofflergroup.com Clear					
Please	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.				
any rea	son. If no	email address is provide	d, we will respond by mail.		
Signed	Signed this 13 Day of June, 2014 at 11:40:15 AM by the authorized person. This electronic				
signatu	re 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	true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.				
Ву					
Signature of Authorized Person					
Anthony J. Deluca					
By selecting ACCEPT you hereby acknowledge that this					
electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues					
or causes of action arising from the submission of this					
Accept O Decline					
_					
		Click HER	E to Submit This Information		
Form No. 9	Form No. 632				
	Revised 09/07				