



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 2014

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. <u>756118</u>		2. Exact name of the limited liability company <u>P+W BROKERAGE LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>BROKER OF BAKERY PRODUCTS</u>			
5. Principal office address <u>145 N. BROADWAY</u>			City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>William P. Ugan Jr</u>			Contact Title		
Street Address <u>145 N. BROADWAY RUMFORD</u>			City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>William P Ugan Jr</u>			Manager Name		
Street Address <u>227 CEDAR AVE</u>			Street Address		
City <u>E. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Form 642.					

FILED

MAR 03 2015

BY CU 243698

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2015 MAR - 3 PM 3:00
 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

William P Ugan Jr 3-3-15
 Signature of Authorized Person Date
William P Ugan Jr
 Print or Type Name of Authorized Person