



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. 000155248		2. Exact name of the limited liability company Pro Pool, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate Holding			
5. Principal office address 248 S. Pier Rd		City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Sahagian - Administrator of		Contact Title Estate of Greg. Sahagian Manager			
Street Address 248 S. Pier Rd		City Narragansett	State RI	Zip 02882	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 APR 23 PM 2:04

FILED
 APR 23 2015
 By 247526
 A.A. 2:00p.m.

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.

John Sahagian 4/23/15
 Signature of Authorized Person Date

John Sahagian
 Print or Type Name of Authorized Person

File Date: _____
 Check No: _____
 By: _____
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