

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 2015

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.		2. Exact name of the limited liability company PRI Warwick Airport, LLC					
160547							
3. State of Formation	į.	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	ate					
5. Principal office address 1140 Reservoir Ave	ervoir Avenue		City Cranston	State RI	Zip 02920		
	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:			
Contact Name Elizabeth A. Procac	cianti_		Contact Title				
Street Address 1140 Reservoir Ave	reet Address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name PRI Warwick Airpor	t Manager, LL(Manager Name				
Street Address 1140 Reservoir Ave	nue		Street Address	-			
City Cranston	State RI	Zip 02920	City	State	Zip		
Manager Name		<u> </u>	Manager Name	·			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>	<u></u>				
This information is currer	ntly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.			
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FILED
SEP 3 0 2015

BY_	DOLOSI	Linder penalty of perjury, I declare and affirm that I h	nave examined
File Date		this report including any accompanying schedules and that all statements contained herein are true ap-	and statements,
Check No	[9/281
Ву:	(Signature of Authorized Person	Date
FOR SECRETARY OF STATE LISE ONLY	`	──PŔI Warwick Airport Mgr., LLC by	

Form No. 632 Revised: 01/2012 Print or Type Name of Authorized Person Elizabeth A Procacciont