

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. 92013		2. Exact name of the limited liability company P & A Holdings, LLC				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Ownersh	nip and leasing				
5. Principal office address 200 Lt. James Brown Road			City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIM	ITED LIABILT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Paul R. Storti			Contact Title Member			
Street Address 200 Lt. James Brown Road			City North Kingstown	State RI	Zip 02852	
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHOD	E ISLAND				L	
This Information is currently of	of record in th	e Office of the Secr	etary of State. Changes require filin	g Form 642.		

FILED

OCT 15 2015

BY 9	187
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements decreased herein are true and correct.
Check No	10/5/15
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Paul R. Storti
FUN SECRETANT OF STATE USE UNLI	· · · · · · · · · · · · · · · · · · ·

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012