State of Rhode Island and Providence Plantations Department of State - Business Services Division	· · · · · · · · · · · · · · · · · · ·
Annual Report for the year: 2016 Limited Liability Company	
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 	

4 Fath ID Namber	To Eventue	and of the Limits	ad Liability Company			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
686945	Pray Hill Pines, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Any and all lawful business.					
Any and an lawful business.						
5. Principal Office Address			City	State	Zip	
15 Mathewson Street			Johnston	RI	02919	
6. Mailing Address of Limited Li	ability Compa	any and Name o				
Contact Name Christopher Antonelli			Contact Title Member			
Street Address P.O. Box 19006			^{City} Johnston	State RI	^{Zip} 02919	
7. List ALL managers (names a	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
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	
	<u> </u>	I		Check the box to i	ndicate an attachment	
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.						
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.						
Name of Authorized Person Date						
Christopher Antorielli, Member					16	
Signature of Authorized Person MuniSur DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

