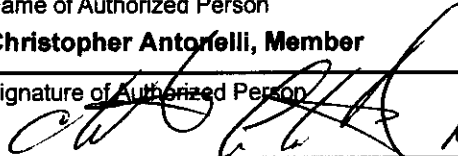




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 686945		2. Exact name of the Limited Liability Company Pray Hill Pines, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Any and all lawful business.			
5. Principal Office Address 15 Mathewson Street			City Johnston	State RI	Zip 02919
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christopher Antonelli			Contact Title Member		
Street Address P.O. Box 19006			City Johnston	State RI	Zip 02919
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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
Check the box to indicate an attachment <input type="checkbox"/>					
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 Christopher Antonelli, Member				Date 9/7/16	
Signature of Authorized Person 				SIGN 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

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 SEP 09 2016
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