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		Divisio	on Of Business	Services	
		14	8 W. River Str	reet	
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HOPE			(401) 222-304	0	
imited Liabili	ty Compa	iny			
Annual Report					
iling Period: Sept	ember 1 - N	lovember 1			
				any failing or refusing	
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6-66(D&C)) IS SUD	ject to a per	nalty fee of \$25.00.			
ANNUAL REPOR	T YEAR: 20	016			
1. ID No. <u>00</u>	0551200				
2. Exact Name of	of the Limit	ed Liability Comp	any <u>PMA, LL</u>	<u>C</u>	
3. State of Form	nation				
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			ARTICLE III		
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Using the followin	ng NAICS co	odes, please select t	he code that be	est describes your bu	isiness.
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2016 at 12:40:23 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ROBERT S. CRAUSMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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