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

1. Entity ID Number	2. Exact name of the Limited Liability Company					
795043	RP Providence HR, LLC					
3. NAICS Code 72 1110	Brief description of the character of business conducted in Rhode Island     Supervision, operation and management of personnel associated with hospitality industry					
5. State of Formation						
Rhode Island						
6. Principal Office Address	Principal Office Address			State	Zip	
1140 Reservoir Avenue	voir Avenue			RI	02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title			
Street Address			City	State	Zip	
8. 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 ind	icate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with 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, another all-statements contained herein are true and correct.						
Name of Authorized Person  Date  10 -18 - 16					10-16	
Flizabeth A Procaccianti / / /					18 10	
Signeture 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

