

STAMP

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.

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Limited Liability Company				
756119	PBA ENTERPRISES LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	Purchase, sale, and lease of property, both real and personal				
5. State of Formation	1 2201145	, oaze, an	a reade of property,	both rear a	nu personar
o. otate of Formation					
RHODE ISLAND	<u></u>				
6. Principal Office Address			City	State	Zip
P.O. Box 533			Saunderstown	RI	02874
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person		•
Contact Name Richard R. Geisler			Contact Title Member		
Street Address			City	State	Zip
P.O. Box 533			Saunderstown	RI	02874
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
			Che	ck the box to indi	cate 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, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					
Richard R. Geisler Oct 15, Zelle					
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 OCT 2 6 2016

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