→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

	——					
1. Entity ID Number			ed Liability Company			
584815	PREMIER	RE SERVICE, LLC	C			
3. NAICS Code	4. Brief d€	escription of the c'	character of business conducted	ed in Rhode Island		
81 - Other Services (except Pub			ss of commercial cleaning.			
5. State of Formation	1					
Rhode island	1					
6. Principal Office Address	ь		City	State	Zip	
79 Seacrest Lane			Warwick	RI	02889	
7. Mailing Address of Limited Lia	bility Comp	any and Name or				
Contact Name Charles R. Henley			Contact Title Member	Contact Title Member		
Street Address 79 Seacrest Lane			City Warwick	State RI	^{Zip} 02889	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Island	d. This inform	nation is currently of	f record with the Department of St	tate. Changes require filing	ng Form 642.	
Under penalty of perjury, I declar statements, and that all stateme	lare and affi	firm that I have ex	examined this report, including	ng any accompanying	g schedules and	
Name of Authorized Person	-			Date		
Charles R. Henley		- —————		2/10/	117	
Signature prAuthorized Person	inlox	SIGN D	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 **FILED**

FEB 1 3 2017

FORM 632 - Revised 8/