



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 000106052

**2. Exact Name of the Limited Liability Company** PRO MANAGEMENT L.L.C.

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PRO MANAGEMENT PROVIDES CONTRACT PROFESSIONALS AND STAFFING SERVICES TO THE MEDICAL DEVICE AND OTHER ENGINEERING INDUSTRIES. OUR SERVICES HELP OUR CLIENTS BY PROVIDING FULL-TIME AND CONTRACT STAFFING SOLUTIONS. PRO MANAGEMENT ALSO PROVIDES IN-HOUSE AND ON-SITE CONSULTING SERVICES. PRO MANAGEMENT ALSO HAS A BRANCH THAT DEALS WITH REAL ESTATE PROPERTY INVESTMENT AND MANAGEMENT

**5. Principal Office Address**

No. and Street: 548 SMITH STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DAWIT NEGASH Contact Title:

No. and Street: 548 SMITH STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	DAWIT NEGASH	548 SMITH STREET PROVIDENCE, RI 02908 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DAWIT NEGASH 548 SMITH STREET PROVIDENCE , RI 02908

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

**Signed this 15 Day of April, 2017 at 1:09:38 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 DAWIT NEGASH  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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