



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**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.

|                                                                                                                                                                                                             |       |                                                                                                   |                             |                    |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|-----------------------------|--------------------|---------------------|
| 1. Entity ID Number<br><b>001338293</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>PIM Properties, LLC</b>                      |                             |                    |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental</b>                                                                                                                                                         |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                             |                    |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                   |                             |                    |                     |
| 6. Principal Office Address<br><b>8 Starfish Drive</b>                                                                                                                                                      |       |                                                                                                   | City<br><b>Narragansett</b> | State<br><b>RI</b> | Zip<br><b>02882</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                             |                    |                     |
| Contact Name <b>Paul S Manzi</b>                                                                                                                                                                            |       |                                                                                                   | Contact Title               |                    |                     |
| Street Address <b>8 Starfish Drive</b>                                                                                                                                                                      |       |                                                                                                   | City <b>Narragansett</b>    | State <b>RI</b>    | Zip <b>02882</b>    |
| 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 indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                   |                             |                    |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                   |                             |                    |                     |
| <b>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.</b> |       |                                                                                                   |                             |                    |                     |
| Name of Authorized Person<br><b>Paul S Manzi</b>                                                                                                                                                            |       |                                                                                                   |                             | Date               |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                   |                             |                    |                     |

**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**

JUN 09 2017

BY

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