RI SOS Filing Number: 201750554340 Date: 9/27/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

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.

FOR	

1. Entity ID Number 130119		2. Exact name of the Limited Liability Company PRI VI, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531190	Real Esta	Real Estate					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
1140 Reservoir Avenue			Cranston	RI	02920		
7. Mailing Address of Limited	d Liability Compa	any and Name o	r Title of Contact Person				
Contact Name James Procaccianti			Contact Title	Contact Title			
Street Address 1140 Reservoir Avenue			City Cranston	State RI	<sup>Zip</sup> 02920		
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - 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	Street Address			
City	State	Zip	City	State	Zip		
	I	L	<u> </u>	Check the box to	ndicate an attachment		
9. Resident Agent in Rhode	Island. This inform	mation is currently	of record with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, i statements, and that all st	declare and an	irm that I have lined perein are	examined this report, includir a true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date			
James Procaccianti				9-26-17			
Signature of Authorized Per	<b>so</b> n						
	•	SIG	N DOCUMENT HERE				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 632 - Revised: 08/2017