



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

510-07

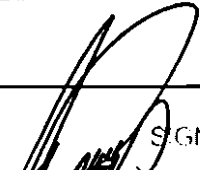
Annual Report for the year: **2017**

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 164103		2. Exact name of the Limited Liability Company PRI XIX GP, LLC	
3. NAICS Code 531312		4. Brief description of the character of business conducted in Rhode Island To act as General Partner of PRI XIX, LP	
5. State of Formation Delaware			
6. Principal Office Address 1209 Orange Street		City Wilmington	State DE
		Zip 19801	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name James Procaccianti		Contact Title	
Street Address 1140 Reservoir Avenue		City Cranston	State RI
		Zip 02920	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name James Procaccianti		Manager Name	
Street Address 1140 Reservoir Avenue		Street Address	
City Cranston	State RI	Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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.			
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 James Procaccianti		Date 9-27-17	
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

FILED

OCT 02 2017

BY

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