

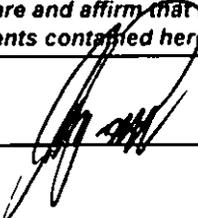


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

37439

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 1074798 | | 2. Exact name of the Limited Liability Company 365 Parking Providence HR, LLC | | | |
| 3. NAICS Code 531312 | | 4. Brief description of the character of business conducted in Rhode Island Real estate management and any and all lawful activities permitted in accordance with the Rhode Island Limited Liability Company Act. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 525 Okeechobee Blvd. | | | City West Palm Beach | State FL | Zip 83401 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name James A. Procaccianti | | | Contact Title Authorized Signatory | | |
| 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 | | 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 | | | | | |
| 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 A. Procaccianti | | | | Date 10-3-17 | |
| 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 04 2017
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