



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

FILED

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>000797677</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>Preferred Services, LLC</b>                             |                               |                        |                     |
| 3. NAICS Code<br>Pi                                                                                                                                                                                         |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Appraisals</b> |                               |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       | 531320                                                                                                       |                               |                        |                     |
| 6. Principal Office Address<br><b>99 Gleaner Chapel Rd</b>                                                                                                                                                  |       |                                                                                                              | City<br><b>North Scituate</b> | State<br><b>RI</b>     | Zip<br><b>02857</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                              |                               |                        |                     |
| Contact Name <b>Donna George</b>                                                                                                                                                                            |       |                                                                                                              | Contact Title <b>Member</b>   |                        |                     |
| Street Address <b>99 Gleaner Chapel Rd</b>                                                                                                                                                                  |       |                                                                                                              | City <b>North Scituate</b>    | State <b>RI</b>        | Zip <b>02857</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>Donna George</b>                                                                                                                                                            |       |                                                                                                              |                               | Date<br><b>10-3-17</b> |                     |
| Signature of Authorized Person<br><i>Donna George</i>                                                                                                                                                       |       |                                                                                                              |                               | 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

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**OCT 06 2017**

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