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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

nnual Report for the year:	2017	
imited 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.

<u></u>	_						
1. Entity ID Number	2 Exact name of the Limited Liability Company						
000797677	Preferred Services, LLC						
3 NAICS Gode	Brief description of the character of business conducted in Rhode Island						
PI	Real Estate Appraisals						
5 State of Formation	531320						
Rhode Island) 521	100					
6. Principal Office Address			City	State	Zip		
99 Gleanor Chapel Rd			North Scituate	RI	02857		
7. Mailing Address of Limited Lia	bility Company	and Name or Ti					
Contact Name Donna George			Contact Title Member	Contact Title Member			
Street Address 99 Gleaner Chapel Rd			City North Scituate	State RI	^{Zip} 02857		
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICABI	LE - DO NOT LIST I	MEMBERS		
Manager Name	Manager Name			• • •	 -		
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
	<u> </u>		<u>.</u>	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Isla	nd. This informa	tion is currently of r	ecord with the Department of Stati	e. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all states				any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
Donna George			10-3	10-3-17			
Signature of Authorized Person							
forma Georg SIGN DOLUMENT PLETE							

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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