



State of Rhode Island and Providence Plantations

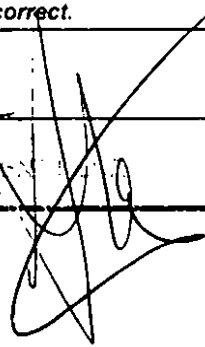
## Department of State - Business Services Division

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><u>139647</u>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><u>Palm Coast Investments LLC</u>                           |                    |
| 3. NAICS Code<br><u>531110</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Investments</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                               |                    |
| 6. Principal Office Address<br><u>216 Gray Craig Road</u>                                                                                                                                            |       | City<br><u>Middletown</u>                                                                                     | State<br><u>RI</u> |
|                                                                                                                                                                                                      |       | Zip<br><u>02842</u>                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                               |                    |
| Contact Name<br><u>Andrew F. Nicoletta</u>                                                                                                                                                           |       | Contact Title                                                                                                 |                    |
| Street Address<br><u>216 Gray Craig Road</u>                                                                                                                                                         |       | City<br><u>Middletown</u>                                                                                     | State<br><u>RI</u> |
|                                                                                                                                                                                                      |       | Zip<br><u>02842</u>                                                                                           |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                               |                    |
| Manager Name<br><u>NONE</u>                                                                                                                                                                          |       | Manager Name<br><u>NONE</u>                                                                                   |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                |                    |
| City                                                                                                                                                                                                 | State | Zip                                                                                                           | City               |
|                                                                                                                                                                                                      |       |                                                                                                               |                    |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                  |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                |                    |
| City                                                                                                                                                                                                 | State | Zip                                                                                                           | City               |
|                                                                                                                                                                                                      |       |                                                                                                               |                    |
| 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<br><u>Andrew F. Nicoletta</u>                                                                                                                                              |       | Date<br><u>10/13/17</u>                                                                                       |                    |
| Signature of Authorized Person<br>                                                                               |       |                                                                                                               |                    |

## 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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