



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>149263</b>		2. Exact name of the limited liability company <b>Primco Jefferson, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Development # 53190</b>			
5. Principal office address <b>One Realty Way</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John Pesce</b>		Contact Title <b>Manager</b>			
Street Address <b>One Realty Way</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>John Pesce</b>		Manager Name			
Street Address <b>One Realty Way</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED  
 R.I. DEPT. OF STATE  
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 2017 OCT 24 AM 10:18  
 02914

**FILED**

**OCT 24 2017**

BY 315579

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</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.

Signature of Authorized Person John Pesce Date 10/12/17  
 John Pesce  
 Print or Type Name of Authorized Person