



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

STAMP

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. Entry ID Number 116703		2. Exact name of the Limited Liability Company P.A.R., LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Hold, own, lease, buy, sell, improve, develop real estat			
5. State of Formation Rhode Island					
6. Principal Office Address 15 Old Beach Road		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Joseph M. Hall, Esq.		Contact Title			
Street Address 15 Old Beach Road		City Newport		State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Patricia A. Rompf		Manager Name None			
Street Address 235 Plain Street, Unit #301		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Manager Name None		Manager Name None			
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 Patricia A. Rompf				Date	
Signature of Authorized Person:				STAMP 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 30 2017

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