



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 001665784

**2. Exact Name of the Limited Liability Company** PGC ENTERPRISES, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561990

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ENGAGE IN THE BUSINESS OF ASSEMBLING AND INSTALLING MERCHANDISE  
AND  
PRODUCTS AND OTHER CONSTRUCTION RELATED SERVICES; AND TO ENGAGE IN  
ANY  
OTHER ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE  
LAWS OF THE STATE OF RHODE ISLAND MAY LAWFULLY ENGAGE.

**5. Principal Office Address**

No. and Street: 17 BEACON STREET  
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PAULA LABONTE Contact Title: AUTHORIZED PERSON  
No. and Street: 17 BEACON STREET  
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

GENE M. CARLINO, ESQ. 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON , RI 02919

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 28 Day of November, 2017 at 2:58:29 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAULA LABONTE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved