



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

FILED

OCT 17 2018

BY

11698

Annual Report for the year: **2018**
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 112900 | | 2. Exact name of the Limited Liability Company PLC - 2000 LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island own and lease real estate | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 189 Tollgate Road | | | City Warwick | State RI | Zip 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Ann Marie Parrillo | | | Contact Title Member | | |
| Street Address 189 Tollgate Road | | | City Warwick | State RI | Zip 02886 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Ann Marie Parrillo | | | | Date 10/9/18 | |
| Signature of Authorized Person | | | | | |

MAIL TO:

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