



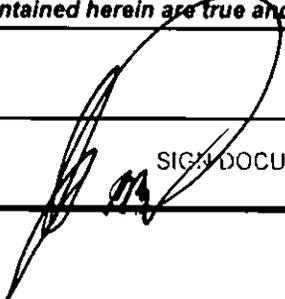
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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FOR
 SECRETARY OF STATE
 USE ONLY

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 164103		2. Exact name of the Limited Liability Company PRI XIX GP, LLC			
3. NAICS Code 531312		4. Brief description of the character of business conducted in Rhode Island To act as General Partner of PRI XIX, LP			
5. State of Formation Delaware					
6. Principal Office Address 1209 Orange Street		City Wilmington	State DE	Zip 19801	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James Procaccianti			Contact Title		
Street Address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name James Procaccianti		Manager Name			
Street Address 1140 Reservoir Avenue		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Manager Name 1		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.					
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 James Procaccianti				Date 10-22-18	
Signature of Authorized Person 				SIGN 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

FILED

OCT 23 2018

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