



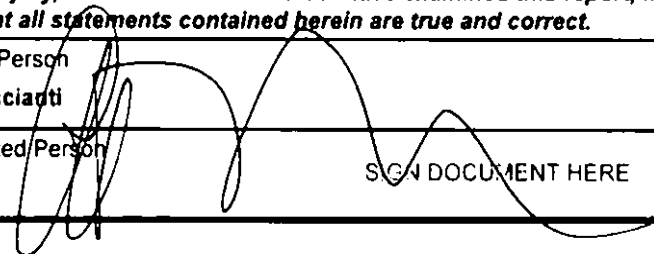
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**STAMP**

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 <b>1024177</b>		2. Exact name of the Limited Liability Company <b>Emerald Capital, LLC</b>			
3. NAICS Code <b>522292</b>		4. Brief description of the character of business conducted in Rhode Island <b>Private lending services and any and all lawful activities permitted in accordance with the Rhode Island Limited Liability Company Act.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Elizabeth A. Procaccianti</b>		Contact Title <b>Manager</b>			
Street Address <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Elizabeth A. Procaccianti</b>		Manager Name <b>James A. Procaccianti</b>			
Street Address <b>1140 Reservoir Avenue</b>		Street Address <b>1140 Reservoir Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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.					
<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.</b>					
Name of Authorized Person <b>Elizabeth A. Procaccianti</b>				Date <b>10-22-18</b>	
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](http://www.sos.ri.gov)

**FILED**

**OCT 23 2018**

BY 1144 DS

FORM 632 - Revised: 10/2017