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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 OCT 31 AM-10:12-9 STATE

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 1661984 | 2. Exact name of the Limited Liability Company FD Providence Holdings, LLC | | | | |
|--|---|----------------------|--------------------------------------|----------|----------------------|
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531390 | Real Estate | | | | |
| 5. State of Formation | | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 1140 Reservoir Avenue | | | Cranston | RI | 02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name James A. 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 Frank Dizoglio | | | Manager Name James A. Procaccianti | | |
| Street Address 111 Energy Way | | | Street Address 1140 Reservoir Avenue | | |
| City West Warwick | State RI | ^{Zip} 02863 | City Cranston | State RI | ^{Zip} 02920 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment | | | | | |
| 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 Date | | | | | |
| James A. Procaccianti | | | | | |
| 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

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FORM 632 - Revised: 10/2017