RI SOS Filing Number: 201881962180 Date: 11/30/2018 11:52:00 AM



# 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: 2018

**1. ID No.** 000751616

- 2. Exact Name of the Limited Liability Company PT PROPERTY HOLDINGS, 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.

<u>531190</u>

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

#### **REAL ESTATE**

#### 5. Principal Office Address

No. and Street: ONE FINANCIAL PLAZA, SUITE 1800

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

Contact Name: <u>WILLIAM J. MASSER</u> Contact Title: <u>MANAGER</u>

No. and Street: C/O DUFFY & SWEENEY, LTD.

ONE FINANCIAL PLAZA, SUITE 1800

City or Town: PROVIDENCE State: RI Zip: 02903 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
MANAGER	WILLIAM J. MASSER	ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903 USA

MANAGER STEVEN B. WILSON	ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903 USA
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL F. SWEENEY, ESQ. ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903

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

Signed this 30 Day of November, 2018 at 11:54:31 AM 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 WILLIAM J. MASSER
Signature of Authorized Person

Form No. 632 Revised 09/07

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