



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2018 DEC -6 PM 4:11

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 <u>1337131</u> | | 2. Exact name of the Limited Liability Company <u>Progress Assets LLC</u> | |
| 3. NAICS Code <u>531390</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Holding Company</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>89 Home Ave</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02908</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Jose Luis Rosa</u> | | Contact Title <u>OWNER</u> | |
| Street Address <u>89 Home Ave</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02908</u> | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name <u>Jose Luis Rosa</u> | | Manager Name | |
| Street Address <u>89 Home Ave</u> | | Street Address | |
| City <u>Providence</u> | State <u>RI</u> | Zip <u>02908</u> | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| 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 <u>Jose L Rosa</u> | | Date <u>12/6/18</u> | |
| Signature of Authorized Person <u>Jose L Rosa</u> | | | |

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^C

DEC 06 2018

BY Cu RKWZ2