



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

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SECRETARY OF STATE  
CORPORATION DIV

2019 MAY 23 AM 10:45

Annual Report for the year: 2019

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<br><u>1</u><br><u>0007116#2</u>  |       | 2. Exact name of the Limited Liability Company<br><u>PRIME CHOICE DEVELOPMENT, LLC</u>                        |   |                            |     |
| 3. NAICS Code<br><u>236117</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE DEVELOPMENT</u> |   |                            |     |
| 5. State of Formation<br><u>RI</u>   |       |   |   |                            |     |
| 6. Principal Office Address<br><u>201 ROBERT GRAY AVE</u>  |       | City<br><u>TIVERTON</u>   | State<br><u>RI</u><br>Zip<br><u>02878</u> |                            |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |   |                            |     |
| Contact Name<br><u>JOHN A. CHELO</u>   |       | Contact Title<br><u>PRESIDENT</u>   |   |                            |     |
| Street Address<br><u>201 ROBERT GRAY AVE.</u>  |       | City<br><u>TIVERTON</u>   | State<br><u>RI</u><br>Zip<br><u>02878</u> |                            |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |   |                            |     |
| Manager Name   |       | Manager Name  |   |                            |     |
| Street Address   |       | Street Address  |   |                            |     |
| City   | State | Zip   | City                                      | State                      | Zip |
| 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.  |       |   |   |                            |     |
| 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<br><u>JOHN A. CHELO</u>  |       |   |   | Date<br><u>23 MAY 2019</u> |     |
| Signature of Authorized Person<br><u>John A. Chelo</u>   |       |   |   |                            |     |

MAIL TO:  
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