S	itate of Rhode Island and Pro Office of the Secret		\$50.00
	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
HOPE	(401) 222-50	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. 001660618	8		
2. Exact Name of the Li	mited Liability Company <u>PR Ven</u>	tures LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	e information on <u>NAICS</u> can be found	business conducted by the entity. Downlo	
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted in Rhode Islar	nd
AN ORGANIZER LAC	ROSSE TOURNAMENTS.		
5. Principal Office Addre	SS		
	CONGDON STREET VIDENCE Sta	te: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>	<u>v</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Person:	
Contact Name: Contact No. and Street: <u>170</u>	Title: CONGDON STREET		
City or Town: PRO	VIDENCE St	ate: <u>RI</u> Zip: <u>02906</u> Country: <u>U</u>	<u>S</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia	oility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Count	try
MANAGER	PETER E SCHMITZ	170 CONGDON STREET PROVIDENCE, RI 02906 USA	
MANAGER	RALPH MASELLI	23 CHESTER RD	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER SCHMITZ 170 CONGDON STREET PROVIDENCE, RI 02906

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

Signed this 29 Day of May, 2019 at 2:15:57 PM 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 <u>PETER SCHMITZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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