



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

**FILED**

SEP 12 2019

2357

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

**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 <b>1661984</b>		2. Exact name of the Limited Liability Company <b>FD Providence Holdings, LLC</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>James A. Procaccianti</b>		Contact Title			
Street Address <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Frank Dizoglio</b>		Manager Name <b>James A. Procaccianti</b>			
Street Address <b>111 Energy Way</b>		Street Address <b>1140 Reservoir Avenue</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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.					
<b>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.</b>					
Name of Authorized Person <b>James A. Procaccianti</b>				Date <b>9-9-19</b>	
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](http://www.sos.ri.gov)