



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

FILED

SEP 12 2019

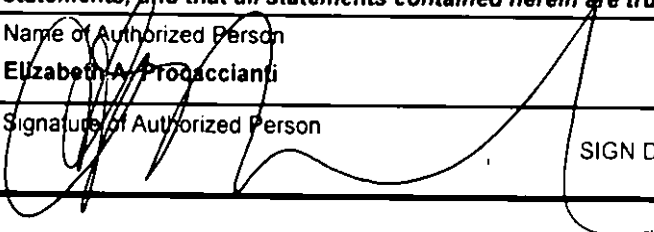
471

STAMP

1 OF
 SECRETARY OF STATE
 U.S. CITY

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 1679584		2. Exact name of the Limited Liability Company Emerald Capital II, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Activities related to real estate. This limited liability company has the purpose of engaging in any lawful business permitted a limited liability company in the State of Rhode Island.			
5. State of Formation Rhode Island					
6. Principal Office Address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Elizabeth A. Procaccianti		Contact Title Manager			
Street Address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Elizabeth A. Procaccianti		Manager Name James Procaccianti			
Street Address 1140 Reservoir Avenue		Street Address 1140 Reservoir Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Elizabeth A. Procaccianti				Date 9-9-19	
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