

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED	STAMP
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1. Entity ID Number		2. Exact name of the Limited Liability Company					
487977	Proca	Procaccianti Hospitality Advisors XIV, LLC					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island					
551114	Real Estate	Real Estate					
5. State of Formation					•		
Rhode Island							
6. Principal Office Address			City	State	Zip		
1140 Reservoir Avenue		Cranston	RI	02920			
7. Mailing Address of Limite		ny and Name or Tit	tle of Contact Person				
Contact Name James Procaccianti		Contact Title					
Street Address 1140 Reservoir Avenue		City Cranston	State RI	^{Zip} 02920			
8. List ALL managers (nam	es and addresses	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name James Procaccianti		Manager Name					
Street Address 1140 Reservoir Avenue		Street Address					
City Cranston	State RI	Zip 02920	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode							
Under penalty of perjury, statements, and that all st	l declare and affir tatements contain	m that I have exa ned hereip ere tru	mined this report, includi e and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person		2/		Date			
James Procaccianti		<u>/</u>		Date 9-9-1	19		
Signature of Authorized Per	son	SIGN D	OCUMENT HERE	-			
				<u>_</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