## 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.

	O STAMP
SEP 1 2 2019	SECRETARY DE DIAFF USE ONLY

1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company					
795043	RP P	RP Providence HR, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
721110	Supervisi	Supervision, operation and management of personnel associated with hospitality industry					
5. State of Formation					,		
Rhode Island							
6. Principal Office Address			City	State	Zıp		
1140 Reservoir Avenue			Cranston	RI	02920		
7. Mailing Address of Limite		any and Name o	or Title of Contact Person				
Contact Name Elizabeth A. Procaccianti			Contact Title	Contact Title			
Street Address 1140 Reservoir Avenue			City Cranston	State RI	<sup>Zip</sup> 02920		
	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
				Check the box to in	ndicate an attachment		
			of record with the Department of St	ate. Changes require filin	g Form 642.		
Under penalty of perjury, I statements, and that all st	declare and aff atements conta	irm that I have ined herein are	examined this report, includir true and correct.	ng any accompanying	g schedules and		
Name of Authorized Person				Date			
Elizabeth A Proceccianti				Date 9-9-	19		
Signature of Authorized Pers	<b>so</b> n	SIG	N DOCUMENT HERE				
					<del></del>		

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov