s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222-304	Ð	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
rinng renou. September i - November i			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000790508</u>			
2. Exact Name of the Limited Liability Company <u>PTB, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>423210</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
MANUFACTURER REPRESENTATIVE TO THE HOSPITALITY/FOOD SERVICE INDUSTRY,			
AND			
TO CARRY ON ANY LAWFUL BUSINESS, TRADE PURPOSE OR ACTIVITY.			
5. Principal Office Address			
No. and Street: 500 M	ENDON ROAD, UNIT 403		
City or Town: <u>CUMB</u>	BERLAND	State: <u>RI</u> Zip: <u>02864</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 500 MENDON ROAD, UNIT 403			
City or Town: <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country

MANAGER

STEVEN R DESMARAIS

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

STEVEN R. DESMARAIS 500 MENDON ROAD, UNIT 403 CUMBERLAND, RI 02864

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

Signed this 18 Day of September, 2019 at 1:11:36 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 STEVEN R DESMARAIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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