



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 743723 | | 2. Exact name of the Limited Liability Company The Premier, LLC | | | | | | | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island Manage of real estate | | | | | | | | | |
| 5. State of Formation RI | | | | | | | | | | | |
| 6. Principal Office Address 144 Waterman Street, Suite 6 | | | | City Providence | | State RI | | Zip 02906 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | | | | |
| Contact Name Kenneth Dulgarian | | | | | Contact Title Member | | | | | | |
| Street Address 144 Waterman Street, Suite 6 | | | | City Providence | | State RI | | Zip 02906 | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | | | | |
| Manager Name Kenneth Dulgarian | | | | | Manager Name | | | | | | |
| Street Address 144 Waterman Street, Suite 6 | | | | | Street Address | | | | | | |
| City Providence | | State RI | | Zip 02906 | | City | | State | | Zip | |
| 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 | | | | | | | | Date | | | |
| | | | | | | | | 9/16/19 | | | |
| | | | | | | | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 20 2019

BY **2684**

FORM 632 - Revised 10/2017