



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Limited Liability Company

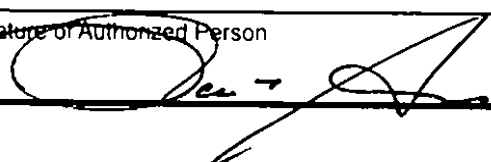
- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|---|-------------------------|--|------|------------------------------|---------------------|
| 1. Entity ID Number 99192 | | 2. Exact name of the Limited Liability Company PFS Development, LLC. | | | |
| 3. NAICS Code 447190 | | 4. Brief description of the character of business conducted in Rhode Island To operate & manage gasoline service station, convenience store & car wash | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 151-155 Taunton Avenue | | City East Providence | | State Rhode Island | Zip 02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Paul Sroczynski | | Contact Title Manager | | | |
| Street Address 109 Barefoot Circle | | City Bonita Springs | | State Florida | Zip 34134 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Paul Sroczynski | | Manager Name | | | |
| Street Address 109 Barefoot Circle | | Street Address | | | |
| City Bonita Springs | State Florida | Zip 34134 | 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 Paul Sroczynski | | | | Date 9/9/19 | |
| Signature of Authorized Person  NEW DOCUMENT HERE | | | | | |

MAIL TO:**Division of Business Services**

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