

FILED

Annual Report for the year: ____ <019 **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
127765	PETER ROAD, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531120					
5. State of Formation	OWN AND MANAGE REAL ESTATE				
RHOSE ISLAND					
6. Principal Office Address	_		City	State	Zip
7 PETER ROAD			BRISTOL	RI	02809
7. Mailing Address of Limited Lia		and Name or Title	e of Contact Person		
Contact Name PAUL J. FERREIRA			Contact Title MANAGER		
Street Address 7 PETER ROAD			City BRISTIL	State	ZIP 02809
8. List ALL managers (names ar	nd addresses) of	the Limited Liab		E - DO NOT LIST N	MEMBERS
Manager Name PAUL J. FERREIRA Street Address			Manager Name KENDRA J. FERREIRA		
Street Address 345 THAMES ST. UNIT NYOL			Street Address - JAMMES ST. UNITN406		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State R.I	Zip 02809
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<u> </u>		Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of rec	cord with the Department of State	. Changes require filin	g Form 642
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents contained	that I have exam I herein are true	nined this report, including and correct.	any accompanying	schedules and
Name of Authorized Person				Date	1
PAOL J. FERRE	EIRA			9/1	3/19
Signature of Authorized Person	101	SIGN DO	OCUMENT HERE		

MAIL TO:

Division of Business Services

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

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