Si	tate of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta	ry of State	
Division Of Business Services 148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Company			
Annual Report			
Filing Period: September 1 -	November 1		
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>001340791</u>			
2. Exact Name of the Limited Liability Company PIMPAM, LLC			
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. 522390			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
<u>INVESTMENT</u>			
5. Principal Office Address			
No. and Street: 31 SPYWOOD ROAD			
	<u>RBORN</u> State: <u>1</u>	<u>MA</u> Zip: <u>01770</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: MICHAEL LESHINSKY Contact Title:			
No. and Street: <u>31 SPYWOOD ROAD</u>			
City or Town: <u>SHERBORN</u> State: <u>MA</u> Zip: <u>01770</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	Code, Country
MANAGER	MICHAEL LESHINSKY	31 SPYWOOD R SHERBORN, MA 01770	

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

TODD E. MCNAMARA, ESQ. 1177 GREENWICH AVENUE WARWICK , RI 02886

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

Signed this 22 Day of October, 2019 at 8:07:08 AM 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 MICHAEL LESHINSKY

Signature of Authorized Person

Form No. 632 Revised 09/07

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