

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.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV
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2019 DEC -2 PM 12: 16

1. Entity ID Number 001679898		2. Exact name of the Limited Liability Company AVERY PTX, LLC					
3 NAICS Code 722410	4. Brief descr TAVERN	Brief description of the character of business conducted in Rhode Island TAVERN					
5. State of Formation RI							
6. Principal Office Address 2192 BROAD STREET,			City CRANSTON	State R1	Zıp 02905		
7 Mailing Address of Limite	d Liability Company	and Name or Tit	le of Contact Person	* · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Contact Name JOHN E RICHARD			Contact Title MANAGER				
Street Address 111 PAINE AVENUE			City CRANSTON	State RI	Zip 02910		
8. List ALL managers (nam	es and addresses)	of the Limited Lial	bility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS		
Manager Name JOHN E RICHARD			Manager Name				
Street Address 111 PAINE AVENUE		Street Address					
City CRANSTON	State R.7	Zip 02910	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9 Resident Agent in Rhode	Island This informati	tion is currently of re	ecord with the Department of Sta	te. Changes require filir	ng Form 642.		
Under penalty of perjury, statements, and that all s			mined this report, including and correct.	g any accompanyin	g schedules and		
Name of Authorized Person JOHN E RICHARD			Date 11/30/1	Date 11/30/19			
Signature of Authorized Per	rson	SIGN D	DOCUMENT HERE	L	·		

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 10/2017