



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

FILED
SEP 30 2020
560

STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001699210	2. Exact name of the Limited Liability Company ProVal, LLC			
3. NAICS Code 339111	4. Brief description of the character of business conducted in Rhode Island Engineer, design, develop, manage and otherwise deal in and with medical and technical devices			
5. State of Formation RHODE ISLAND				
6. Principal Office Address 38 Thornton Way		City North Kingstown	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Thomas J. Valenti		Contact Title Member/Operating Manager		
Street Address 38 Thornton Way		City North Kingstown	State RI	Zip 02852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name Thomas J. Valenti		Manager Name		
Street Address 38 Thornton Way		Street Address		
City North Kingstown	State RI	Zip 02852		
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip		
Check the box to indicate an attachment <input type="checkbox"/>				
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Thomas J. Valenti			Date 9-25-20	
Signature of Authorized Person 				

MAIL TO:
Division of Business Services
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