|  | State of Rhode<br>Office of the Secret  |   | Fee: \$50.00       |  |
|--|---|---|--------------------|--|
|  | Division Of Busines<br>148 W. River S<br>Providence RI 029  | Street                                      |                    |  |
| HOPE   | (401) 222-30  |   |                    |  |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1 |   |   |                    |  |
|  | 7-16-66(d), each limited liability con<br>in thirty (30) days after the time prese<br>penalty fee of \$25.00. |   |                    |  |
| ANNUAL REPORT YEAR:  | <u>2020</u>   |   |                    |  |
| 1. ID No. <u>000163599</u>   |   |   |                    |  |
| 2. Exact Name of the Limited Liability Company PRECOA, LLC           |   |   |                    |  |
| 3. State of Formation  |   |   |                    |  |
| State: <u>OR</u>   |   |   |                    |  |
|  | ARTICLE III   |   |                    |  |
| -  | Code that best describes the primary<br>e information on <u>NAICS</u> can be found                            |   | y. Download        |  |
| <u>541613</u>  |   |   |                    |  |
| 4. Brief Description of th   | e Character of the Business Whic  | h is Actually Conducted in Rho              | ode Island         |  |
| PRENEED FUNERAL S  | SALES/MARKETING/INSURAN   | <u>ICE</u>                                  |                    |  |
| 5. Principal Office Addre  | SS  |   |                    |  |
| No. and Street:13221City or Town:PORTI                               | <u>SW 68TH PKWY STE 100</u><br>LAND   | State: <u>OR</u> Zip: <u>97223</u> Cor      | untry: <u>USA</u>  |  |
| 6. Mailing Address of Lir  | nited Liability Company and Nam   | e or Title of Contact Person:               |                    |  |
|  | DRA AVILA CARDONA Contact Title<br>W 68TH PARKWAY, SUITE 1<br>AND   |   | ountry: <u>USA</u> |  |
| 7. Name and Address of<br>DO NOT LIST MEMBEI                         | Each Manager of the Limited Lia<br>RS   | bility Company, if Applicable.              |                    |  |
| Title  | Individual Name   | Address                                     |                    |  |
| MANAGER  | First, Middle, Last, Suffix<br>JAMES SCHAFFER   | Address, City or Town, State, Zip C         |                    |  |
|  |   | 13221 SW 68TH PKWY,<br>PORTLAND, OR 97223 U |                    |  |
| MANAGER  | MICHAEL HORNIBROOK  | 13221 SW 68TH PKWY,                         | STE 100            |  |

|         |                   | PORTLAND, OR 97223 USA                                |
|---------|-------------------|---|
| MANAGER | BENJAMIN NAGEL    | 13221 SW 68TH PKWY, STE 100<br>PORTLAND, OR 97223 USA |
| MANAGER | MARK HORNIBROOK   | 13221 SW 68TH PKWY, STE 100<br>PORTLAND, OR 97223 USA |
| MANAGER | RONALD BRET DAVIS | 13221 SW 68TH PKWY, STE 100<br>PORTLAND, OR 97223 USA |
| MANAGER | DAVEN SEPTON      | 13221 SW 68TH PKWY, STE 100<br>PORTLAND, OR 97223 USA |
| MANAGER | TYLER HORNIBROOK  | 13221 SW 68TH PKWY, STE 100<br>PORTLAND, OR 97223 USA |

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

**Signed this 30 Day of October, 2020 at 1:52:45 PM 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 RONALD BRET DAVIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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