RI SOS Filing Number: 202077225980 Date: 11/19/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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2020 NOV 19 AM 1: 06

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.

| 1. Entity ID Number 326158 | 2. Exact name of the Limited Liability Company PBH Realty III, LLC | | | | | |
|--|---|------------------------------------|---|------------------------|----------------------|--|
| 3. NAICS Code 531312 5. State of Formation Rhode Island | 4. Brief description of the character of business conducted in Rhode Island Real estate, and any and all lawful activities permitted in accordance with the Rhode Island Limited Liability Act. | | | | | |
| 6. Principal Office Address 1140 Reservoir Avenue | | | City Cranston | State RI | Zip 02920 | |
| 7. Malling Address of Limited Lia | ability Compar | ny and Name or | | | | |
| Contact Name James A. Procaccianti | | | Contact Title Authorized Representative | | | |
| Street Address 1140 Reservoir Avenue | | | City Cranston | State RI | ^{Zip} 02920 | |
| 8, List ALL managers (names a | nd addresses |) of the Limited L | iability Company, IF APPLICA | ABLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zìp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | ZIp | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. The Resident Agent informati | on currently o | f record with the | RI Department of State is acc | curate. Changes requir | e filing Form 642. | |
| Under penalty of perjury, I dec statements, and that all states | clare and effi ments contail | rm that I have e ned herein are | examined this report, include true and correct. | ing any accompanyin | ng schedules and | |
| Name of Authorized Person | | | | Date | | |
| James A. Procaccianti | | | | Novem | November 11, 2020 | |
| Signature of Authorized Person | • | | | | | |

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

FORM 632 - Revised: 08/2020