



State of Rhode Island and Providence Plantations
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.

RI DEPT OF STATE
BUS SVCS DIV
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1. Entity ID Number <u>001681851</u>		2. Exact name of the Limited Liability Company <u>PAIL, LLC.</u>			
3. NAICS Code <u>541336</u>		4. Brief description of the character of business conducted in Rhode Island <u>Engineering Consultant</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>209 Pheasant Run</u>		City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02874</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>THOMAS QUINA</u>		Contact Title <u>MEMBER/MANAGER</u>			
Street Address <u>209 Pheasant Run</u>		City <u>SAUNDERSTOWN</u>		State <u>RI</u>	Zip <u>02874</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>THOMAS QUINA</u>		Manager Name			
Street Address <u>209 Pheasant Run</u>		Street Address			
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02874</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <u>THOMAS QUINA</u>				Date <u>3/12/2021</u>	
Signature of Authorized Person <u>Thomas Quinn</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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