



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

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 RI DEPT. OF STATE
 BUS SVCS DIV
 2021 APR - 5 PM 12:20

1. Entity ID Number 000116703		2. Exact name of the Limited Liability Company P.A.R., LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island hold, own, lease, buy sell, improve, and develop real estate			
5. State of Formation Rhode Island					
6. Principal Office Address 235 Plain Street, Suite 301		City Providence	State RI	Zip 02905	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Paulette Lambert			Contact Title Office Manager		
Street Address 235 Plain Street, Suite 301		City Providence	State RI	Zip 02905	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Patricia A. Rompf			Manager Name None		
Street Address 235 Plain Street, Suite 301			Street Address		
City Providenc	State RI	Zip 02905	City	State	Zip
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	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 Patricia A. Rompf, M.D. <i>Patricia A. Rompf</i>				Date 3/31/21	
Signature of Authorized Person					

FILED

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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 BY **559P9**
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