RI SOS Filing Number: 202103526810 Date: 10/18/2021 4:00:00 PM



## **Department of State - Business Services Division**

Annual Report for the year: 2021
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.

FLED	STAMP
OCT 18 2021	FOR SELPETARY OF STATE ISSE ONLY

1. Entity ID Number 1666439	2. Exact name of the Limited Liability Company PHAP, LLC					
3. NAICS Code 531190	Brief description of the character of business conducted in Rhode Island     REAL ESTATE RENTAL					
5. State of Formation RI						
6. Principal Office Address 477 CRANDALL ROAD			City TIVERTON	State RI	Zip 02878	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name PHILIP VIVEIROS		Contact Title MEMBER				
Street Address 477 CRANDALL ROAD		City TIVERTON	State RI	<sup>Zip</sup> 02878		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name PHILIP VIVEIROS		Manager Name				
Street Address 22 HARVEST DRIVE		Street Address				
City PORTSMOUTH	State RI	<sup>Zip</sup> 02871	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u>.                                    </u>			Check the box to i	ndicate an attachment	
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 dec statements, and that all staten	lare and affirn	n that I have exa ed herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
PHILIP VIVEIROS			10/8/21	10/8/21		
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