



State of Rhode Island  
**Department of State - Business Services Division**

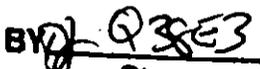
RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV/AMP  
 2021 OCT 18 PM 3:24

**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.

|   |       |   |                             |                          |                  |
|---|-------|---|-----------------------------|--------------------------|------------------|
| 1. Entity ID Number<br><b>001690810</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Pine LLC</b>   |                             |                          |                  |
| 3. NAICS Code<br>531110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE RESIDENTIAL RENTAL |                             |                          |                  |
| 5. State of Formation<br>RI   |       |   |                             |                          |                  |
| 6. Principal Office Address<br>190 VERNDALE AVE   |       |   | City<br>PROVIDENCE          | State<br>RI              | Zip<br>02905     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                          |                  |
| Contact Name <b>BRIAN ROBERT</b>  |       |   | Contact Title <b>MEMBER</b> |                          |                  |
| Street Address <b>190 VERNDALE AVE</b>  |       |   | City <b>PROVIDENCE</b>      | State <b>RI</b>          | Zip <b>02905</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                          |                  |
| Manager Name  |       | Manager Name  |                             | 2021 NOV - 1 PM 2:30     |                  |
| Street Address  |       | Street Address  |                             | R.I. DEPT. OF STATE      |                  |
| City  | State | Zip   | City                        | State                    | Zip              |
| Manager Name  |       | Manager Name  |                             |                          |                  |
| 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.   |       |   |                             |                          |                  |
| <i>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.</i> |       |   |                             |                          |                  |
| Name of Authorized Person<br><b>BRIAN ROBERT</b>  |       |   |                             | Date<br><b>28 SEP 21</b> |                  |
| Signature of Authorized Person<br>   |       |   |                             |                          |                  |

**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**  
 NOV 01 2021  
 BY   
 8/26