



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

**STAMP**  
 NOV 23 2021  
 104  
 FOR SECRETARY OF STATE  
 USE ONLY

**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 <b>911046</b>		2. Exact name of the Limited Liability Company <b>PRIORITY CLAIMS LLC</b>			
3. NAICS Code 541690		4. Brief description of the character of business conducted in Rhode Island INSURANCE ADJUSTER			
5. State of Formation RI					
6. Principal Office Address 240 CHESTNUT ST		City WARWICK	State RI	Zip 02888	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN AVARISTA			Contact Title MEMBER		
Street Address PO BOX 447		City WAKEFIELD	State RI	Zip 02880	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
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 JOHN AVARISTA				Date ✓ 11/18/21	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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