RI SOS Filing Number: 202105354060 Date: 11/23/2021 4:00:00 PM



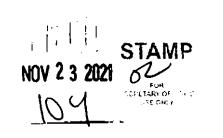
Department of State - Business Services Division

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.



1. Entity ID Number 911046	1	2. Exact name of the Limited Liability Company PRIORITY CLAIMS LLC				
3. NAICS Code 541690		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 Compa	any and Name o	or Title of Contact Person			
Contact Name JOHN AVARISTA			Contact Title MEMBER	Contact Title MEMBER		
Street Address PO BOX 447			City WAKEFIELD	State RI	^{Zip} 02880	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		<u>l.</u>	1	Check the box to	indicate an attachment	
9. The Resident Agent informa	ation currently	of record with th	e RI Department of State is accur	ate. Changes requi	ire filing Form 642	
Under penalty of perjury, I d statements, and that all stat			examined this report, including true and correct.	any accompanyi	ng schedules and	
Name of Authorized Person JOHN AVARISTA				Date /1/18/27		
Signature of Authorized Perso	on Owar	ielo.		/	1	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov