



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

**Annual Report for the year:** 2020  
**Limited Liability Company**

FILED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV.  
 2021 NOV 29 PM 12:52

- 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><u>705609</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Prentice Avenue LLC</u>                     |                                 |                           |     |
| 3 NAICS Code<br><u>531390</u>   |       | 4 Brief description of the character of business conducted in Rhode Island<br><u>Real Estate</u> |                                 |                           |     |
| 5. State of Formation<br><u>RI</u>  |       |  |                                 |                           |     |
| 6. Principal Office Address<br><u>41 Prentice Ave</u>   |       | City<br><u>Pawtucket</u>   | State<br><u>RI</u>              | Zip<br><u>02860</u>       |     |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                                 |                           |     |
| Contact Name<br><u>Jason Martins</u>  |       |  | Contact Title<br><u>Manager</u> |                           |     |
| Street Address<br><u>41 Prentice Ave</u>  |       | City<br><u>Pawtucket</u>   | State<br><u>RI</u>              | Zip<br><u>02860</u>       |     |
| 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<br><u>Jason Martins</u>   |       |  |                                 | Date<br><u>11/12/2021</u> |     |
| 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

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 BY Q.B. R3W4N