



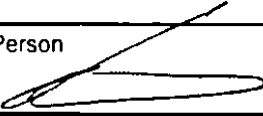
State of Rhode Island  
Department of State - Business Services Division

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2021 DEC 22 PM 12:20

Annual Report for the year: **2019**

**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>000521141</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>Precision Park Rhode Island, LLC</b>             |                                             |                           |                     |
| 3. NAICS Code<br><b>52</b>                                                                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Holding Company</b> |                                             |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                       |                                             |                           |                     |
| 6. Principal Office Address<br><b>1717 Main Street, Suite 1100</b>                                                                                                                                          |       | City<br><b>Dallas</b>                                                                                 |                                             | State<br><b>TX</b>        | Zip<br><b>75201</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                       |                                             |                           |                     |
| Contact Name<br><b>Ryan Farha</b>                                                                                                                                                                           |       |                                                                                                       | Contact Title<br><b>Corporate Secretary</b> |                           |                     |
| Street Address<br><b>1717 Main Street, Suite 1100</b>                                                                                                                                                       |       | City<br><b>Dallas</b>                                                                                 |                                             | State<br><b>TX</b>        | Zip<br><b>75201</b> |
| 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><b>Ryan Farha</b>                                                                                                                                                              |       |                                                                                                       |                                             | Date<br><b>12/21/2021</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](http://www.sos.ri.gov)

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