

FILED STAMP

FEB 0 2 2023

FOR CONTRACTOR

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of	2. Exact name of the Limited Liability Company			
127765		PETER ROAD, LLC			
3. NAICS Code	4. Brief description	Brief description of the character of business conducted in Rhode Island			
531120					
5. State of Formation	own and ma	own and manage real estate			
Rhode Island					
6. Principal Office Address		City	State	Zip	
7 Peter Road		Bristol	RI	02809-0000	
7. Mailing Address of Limited	Liability Company an	d Name or Title of Contact Person			
Contact Name Paul J. Ferreira		Contact Title Manager	**···		
Street Address 7 Peter Road		City Bristol	State RI	Zip 02809-0000	
8. The Resident Agent inform	mation currently of reco	ord with the RI Department of State is accurate	e. Changes requi	re filing Form 642.	
Under penalty of perjury, I	declare and affirm th	nat I have examined this report, including a herein are true and correct.			
Name of Authorized Person Paul J. Ferreira		Manager	Date 1/04/2023		
Signature of Authorized Per	son faul o	Fersein			

MAIL TO:

Division of Business Services

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

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