State of Rhode Island			. <u>-</u>
Department of State - Business Ser	vices Division		
Annual Report for the year: $\frac{2023}{}$		FILED	STAMP
Limited Liability Company		FEB 1 5 202	23 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0
→ Filing period: February 1 - May 1		78/	<u> </u>
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by N 	Mou 21	BY	<u> </u>
-7 Femalty. Additional \$25.00 fee in form is not lifed by it	way ST.		OS
1. Entity ID Number 2. Exact name of the Limit	ted Liability Company	-	
	PT PARTNERS	LLC	
3. NAICS Code 4. Brief description of the	character of business conducted in Rho	ode Island	
5. State of rormation Real Estat	te Inv.		
R1			·
6. Principal Office Address	City	State	Zip
1181 ADVIDNECK AVE	MIDDLETUNN	RI	02842
7. Mailing Address of Limited Liability Company and Name of	or Title of Contact Person	•	
Contact Name BERT REID	Contact Title PART NEXC	2	
Street Address II SI ADVIDNECK AVE	City MIDDLE TOWN	State R (Zip 02842
8. The Resident Agent information currently of record with th	ne RI Department of State is accurate.	Changes require	filing Form 642.
Under penalty of perjury, I declare and affirm that I have statements, and that all statements contained herein are		accompanying	schedules and
Name of Authorized Person We R. B. E. R.	RT REID IR	REID 12 2/2/23	
Signature of Authorized Person O Meu	7		

MAIL TO:

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

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