



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

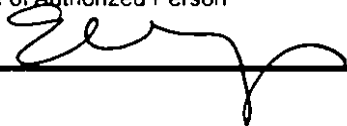
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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|                                                                                                                                                                                                             |  |                                                                                                       |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001692806                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>PJH Condominiums, LLC                               |             |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate Investment |             |
| 5. State of Formation<br>RI                                                                                                                                                                                 |  |                                                                                                       |             |
| 6. Principal Office Address<br>1907 East Main Road                                                                                                                                                          |  | City<br>Portsmouth                                                                                    | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02871                                                                                          |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                       |             |
| Contact Name<br>Philip J. Harkins                                                                                                                                                                           |  | Contact Title                                                                                         |             |
| Street Address<br>4595 Bociare Boulevard                                                                                                                                                                    |  | City<br>Boca Raton                                                                                    | State<br>FL |
|                                                                                                                                                                                                             |  | Zip<br>33487                                                                                          |             |
| 8. 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>Ellen Rosenberg                                                                                                                                                                |  | Date<br>12/14/22                                                                                      |             |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                       |             |

FILED  
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MAIL TO:

Division of Business Services

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