RI SOS Filin	g Number: 20233309545	Date: 4/14/2023	1:42:00 PM	1
State of Rhode Island			_	
Department of S	tate - Business Service	s Division		
Annual Report for the y Limited Liability Compa → Filing period: February 1 → Filing Fee: \$50.00	any - May 1			RECEIVED I REPT. CF STATE 143 SVCC CV 3 APR 14 P 1:41
→ Penalty: Additional \$25.00	lifee if form is not filed by May 3	1.	_	i
1. Entity ID Number 001715989	2. Exact name of the Limited Liability Company Parcel 9 Phase I LLC			
3. NAICS Code 531000	Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. State of Formation Rhode Island				<u>;</u>
6. Principal Office Address 230 Wyoming Avenue		City Kingston	State PA	Zip 18704
	ability Company and Name or Title			1
Contact Name Jared Cole		Contact Title Financial Reporting and Compliance Manager		
Street Address 230 Wyoming Avenue		City Kingston	State PA	Zip 18704
8. The Resident Agent information	on currently of record with the RI	Department of State is accur	ate. Changes require	afiling Form 642.
	clare and affirm that I have exam nents contained herein are true		any accompanying	g schedules and
Name of Authorized Person Patrick J. Brala, Chief Financial		Date 4/13/2023		
Signature of Authorized Person				
		v: 42	FIL APR 1 BY Y	

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 2/2023