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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	2. Exact name of the Limited Liability Company			1		
001715989	Parcel 9 Phase I LLC			<b>i</b>		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531000	Real Estate Investment					
5. State of Formation				:		
Rhode Island						
6. Principal Office Address		City	State	Zip		
230 Wyoming Avenue		Kingston	PA	18704		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Jared Cole	Contact Title Financial Reporting and Compliance Manager					
Street Address 230 Wyoming Av	enue	City Kingston	State PA	Zip 18704		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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.						
Name of Authorized Person	Son Date		Date			
Patrick J. Brala, Chief Financial Officer 4/13/2023						
Signature of Authorized Person						

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MAIL TO:

**Division of Business Services** 

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