



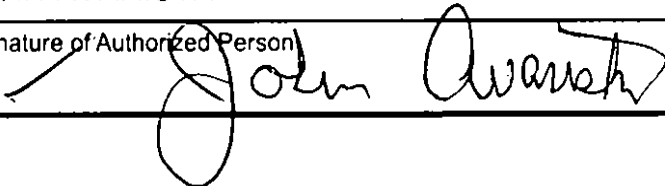
**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2023
Limited Liability Company

MAY 22 2023
BY 311
KS

- 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 911046		2. Exact name of the Limited Liability Company PRIORITY CLAIMS LLC	
3. NAICS Code 541690		4. Brief description of the character of business conducted in Rhode Island INSURANCE ADJUSTER	
5. State of Formation RI			
6. Principal Office Address 240 CHESTNUT STREET		City WARWICK	State RI
		Zip 02888	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JOHN AVARISTA		Contact Title MEMBER	
Street Address PO BOX 447		City WAKEFIELD	State RI
		Zip 02879	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 JOHN AVARISTA		Date 5/16/23	
Signature of Authorized Person 			

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