	State of RI Office of the Se	hode Island ecretary of S	tate	Fee: \$50.00
	Division Of B	usiness Service	es	
	148 W. R	iver Street		
	Providence F	RI 02904-2615		
1636	(401) 2	22-3040		
Limited Liability Company Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>001748147</u>				
2. Exact Name of the Limited Liability Company Prudential Royalty LLC				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531110</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
LESSORS OF RESIDENTIAL BUILDINGS AND DWELLINGS				
5. Principal Office Address				
No. and Street: <u>4000 CHA</u> <u>SUITE 300</u>	PEL VIEW BLVD			
City or Town: <u>CRANSTO</u>		State: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title:				
	PEL VIEW BLVD			
City or Town: <u>CRANSTC</u>	-	State: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\frac{\text{RHODE ISLAND REGISTERED AGENT LLC}}{02806} 47 \text{ WOOD AVENUE, SUITE 2} \frac{\text{BARRINGTON}}{\text{BARRINGTON}}, \frac{\text{RI}}{\text{COM}}$

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of April, 2024 at 11:56:13 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By **ROBIN JONES**

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved