



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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.** 001736692

**2. Exact Name of the Limited Liability Company** PVD Residency LLC

**3. State of Formation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THIS INDUSTRY COMPRISES ESTABLISHMENTS PRIMARILY ENGAGED IN ACTING AS LESSORS OF BUILDINGS USED AS RESIDENCES OR DWELLINGS, SUCH AS SINGLE-FAMILY HOMES, APARTMENT BUILDINGS, AND TOWN HOMES. INCLUDED IN THIS INDUSTRY ARE OWNER-LESSORS AND ESTABLISHMENTS RENTING REAL ESTATE AND THEN ACTING AS LESSORS IN SUBLEASING IT TO OTHERS. THE ESTABLISHMENTS IN THIS INDUSTRY MAY MANAGE THE PROPERTY THEMSELVES OR HAVE ANOTHER ESTABLISHMENT MANAGE IT FOR THEM.

**5. Principal Office Address**

No. and Street: 47 WOOD AVE SUITE 2  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KENAN HALL Contact Title:  
No. and Street: 47 WOOD AVE SUITE 2  
City or Town: BSRRINGTON State: RI Zip: 02806 Country: USA

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

NORTHWEST REGISTERED AGENT, LLC. 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806

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

**Signed this 1 Day of May, 2024 at 10:25:48 PM 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 KENAN HALL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved