



State of Rhode Island  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: 2025  
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.

|                                                                                                                                                                                                         |  |                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>1710392</u>                                                                                                                                                                   |  | 2. Exact name of the Limited Liability Company<br><u>PATRIAL Equity, LLC</u>                                  |                    |
| 3. NAICS Code<br><u>531390</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE DEVELOPMENT</u> |                    |
| 5. State of Formation<br><u>RHODE ISLAND</u>                                                                                                                                                            |  |                                                                                                               |                    |
| 6. Principal Office Address<br><u>300 FLETCHER ROAD</u>                                                                                                                                                 |  | City<br><u>NORTH KINGSTOWN</u>                                                                                | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02852</u>                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                               |                    |
| Contact Name<br><u>GREGORY A. PAOLINO</u>                                                                                                                                                               |  | Contact Title<br><u>MEMBER</u>                                                                                |                    |
| Street Address<br><u>300 FLETCHER ROAD</u>                                                                                                                                                              |  | City<br><u>NORTH KINGSTOWN</u>                                                                                | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02852</u>                                                                                           |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                               |                    |
| 9. 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<br><u>GREGORY A. PAOLINO</u>                                                                                                                                                  |  | Date<br><u>4-3-25</u>                                                                                         |                    |
| Signature of Authorized Person<br><u>[Signature] MEMBER</u>                                                                                                                                             |  |                                                                                                               |                    |

FILED

APR 03 2025  
BY 1031 AA

MAIL TO:  
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