| s s  | tate of Rhode Island and Pro<br>Office of the Secreta |                                      | Fee: \$50.00 |
|--|---|--------------------------------------|--------------|
| Division Of Business Services  |   |                                      |              |
| 148 W. River Street<br>Providence RI 02904-2615  |   |                                      |              |
| HOPE   | (401) 222-30  |                                      |              |
| Limited Liability Company<br>Annual Report<br>Filing Period: September 1 - November 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: 2018   |   |                                      |              |
| 1. ID No. 000803788  |   |                                      |              |
| 2. Exact Name of the Limited Liability Company PRAIRE AVENUE COLLABORATIVE, LLC  |   |                                      |              |
| 3. State of Formation  |   |                                      |              |
| State: <u>RI</u>   |   |                                      |              |
| ARTICLE III  |   |                                      |              |
| 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 DWELLINGS AND ALL LEGAL ACTIVITIES WITHIN THE STATE OF RHODE ISLAND.  |   |                                      |              |
| 5. Principal Office Address  |   |                                      |              |
|  | <u>O BOX 73073</u><br>ROVIDENCE State: <u>RI</u>      | Zip: <u>02907</u> Country:           | <u>USA</u>   |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |                                      |              |
| Contact Name: Contact Title:   |   |                                      |              |
| No. and Street:470 EAST GREENWICH AVENUECity or Town:WEST WARWICKState:RIZip:02893Country:USA  |   |                                      |              |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |   |                                      |              |
| Title  | Individual Name                                       | Address                              |              |
|  | First, Middle, Last, Suffix                           | Address, City or Town, State, Zip Co | de, Country  |
|  |   |                                      |              |

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

LOUIS F VASTANO, JR., CPA 470 EAST GREENWICH AVE. WEST WARWICK , RI 02893

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

**Signed this 28 Day of September, 2018 at 4:11:16 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 <u>LOUIS F VASTANO JR, CPA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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