



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

Annual Report for the year: 2024
Corporation _____

MAR 14 2024
42976 R

- 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 545346		2. Exact name of the Corporation PRI Developer, Inc.			
3. Principal Office Address c/o 500 Exchange Street, Suite 9-100			City Providence	State RI	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Uritescu			Vice-President Name Michael Hennessey		
Street Address 122 Adams Point Road			Street Address 223 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Michael Hennessey			Treasurer Name Raymond Uritescu		
Street Address 223 Rumstick Road			Street Address 122 Adams Point Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	
		100		Common	
				PAR VALUE	
				-0-	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative William R. Landry				Date 3/14/24	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov