

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005174

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** TROY, PIRES AND ALLEN, LLC

**Current Principal Place of Business:**

376 NEWPORT AVE  
EAST PROVIDENCE, RI 029160830

**New Principal Place of Business:**

376 NEWPORT AVE  
EAST PROVIDENCE, RI 029160830

**Current Mailing Address:**

376 NEWPORT AVE  
EAST PROVIDENCE, RI 029160830

**New Mailing Address:**

376 NEWPORT AVE  
EAST PROVIDENCE, RI 029160830

**FEI Number:** 05-0453025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TROY, PETER J  
**Address:** 376 NEWPORT AVE  
**City-St-Zip:** EAST PROVIDENCE, RI 029160830

**Title:** MGRM  
**Name:** ALLEN, WILLIAM M  
**Address:** 376 NEWPORT AVE  
**City-St-Zip:** EAST PROVIDENCE, RI 029160830

**Title:** MGRM  
**Name:** TROY, ANDREW P  
**Address:** 376 NEWPORT AVE  
**City-St-Zip:** EAST PROVIDENCE, RI 029160830

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ANDREW TROY

MMBR

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date