



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>132723</u>		2. Exact name of the limited liability company <u>VA Buzzese and A.M. Buzzese, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. Principal office address <u>56 Pesco Circle</u>		City <u>Woonick</u>	State <u>RI</u>	Zip <u>02886</u>	
Contact Name <u>Vincent Buzzese</u>		Contact Title			
Street Address <u>56 Pesco Circle</u>		City <u>Woonick</u>	State <u>RI</u>	Zip <u>02886</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT SIGN (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Vincent Buzzese</u>		Manager Name <u>Alec Buzzese</u>			
Street Address <u>56 Pesco Circle</u>		Street Address <u>56 Pesco Circle</u>			
City <u>Woonick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Woonick</u>	State <u>RI</u>	Zip <u>02886</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

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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.

Vincent Buzzese Oct 30, 2015  
 Signature of Authorized Person Date

Vincent Buzzese  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
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