

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rl 02904-2615

2007

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR__

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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.

I. ID No.		Exast name of the limited liability company						
157816	RAVVI	Development, LLC						
3. State of Formation 4. Brief description of the character of the business which REAL ESTATE DEVELOPMENT				ch is actually conducted in Rhode Islan	ıd			
5. Principal office address 42 LADD ST . SUITE 322			City: East Greenwich	State		Zip 02818		
6. MAILING ADDRE Contact Name Christopher			COMPANY AND NAME	OR TITLE OF CONTACT PER Contact Title	SON:			
Street Address			City	State		Zip		
42 Land St. · Suit 322			East Greenwich	RI		62818		
7. NAME AND ADDI	RESS OF			LITY COMPANY, IF APPLICA			<u>MEMBERS</u>	
FILL IN SPACES BEFORE USING ATTA Manager Name			CHMENTS ("X" BOX FOR ATTACHMENT)					
Street Address			Street Address					
Clty		State	Zip	City	State		Ζίρ	
Manager Name				Manager Name				
Street Address			Street Address					
City		State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes of Agent Name CHRISTOPHER M. RUNCI			require filing of Form 642 - R.I.G.L. 7-16-11 Address					
Address 10 WENTWORTH DRIVE			City SAUNDERSTOWN		Ζψ 02874 -			

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

	FILED	
File Date _	OCT 1 2 2007	
Check No	1 2 2001	
By.	1100	
By: Pi	OR SECRETARY OF STATE USE ONLY	

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.

G-1-	10-10-2007	
Signature of Authorized Person	Date	

CHRISTOPHER	RUNCI
Print or Type Name of Auth	orized Person