

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

401.222.3040

Providence, RI 02904-2615

## 2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00
THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	2. Exact name of the lim	tted liability company		<del></del>		
112284	V.J.P. R	EALTY COMPA				
3. State of Formation	4. Brief descrip	tion of the character of the	business which is actually conducted in R	Phode Island		
RI	purcha	asing, sell	ing, managing & c	developing	real property	
5. Principal office address		,	City	State	Zu	
7 Commerce Street			Smithfield	RI	02917	
6. MAILING ADDRES	is of limited liai	BILITY COMPANY A	ND NAME OF TITLE OF CONTA	CT PERSON.	102517	
Contact Name			Contact Title	and appropries		
	ent Scopell	liti, Jr.	member			
Street Address	<b>.</b>		City	State	Zip	
7 Commerce	Street	Samilar 1965 control and a second state	Smithfield	i RI	02917	
7. NAME AND ADDR	ESS OF EACH MAN.	AGER OF THE LIMIT	ED LIABILITY COMPANY, IF A	PPLICABLE - DO N	OT TIST MEMBERS	
1 Carding (6) (8) (8)		「声楽琳(松野)」はほのにも 樹 株当ま	VG ATTACH MINTE LEVELON	EMP ATTACULACNY		
<b>41</b>	MODIFICATIONS	C MANACERS REQ	ires filing of Amendment	. R.I.G.L. 7-16-12 (a	a) (2) / 7-16-52	
Manager Name			Manayer Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Ζŧρ	City	State	Zifo	
Manager Name			Manager Name	Manager Name		
Street Address	**************************************					
35744 /1667433			Street Address			
City:						
City.	State	Zíp	City	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND		Changes require filing of Ford	ilistrational ( <u>Contanta a Visi</u> no)	- I	
Agent Name			Address	n 642 - R.I.G.L. 7-1	6-11	
Jack D. Pi	itts, Esqui	re	635 Killing	635 Killingly Street		
.4ddress			City		Zip	
			Johnston		02919	
					V4919	

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

File Daje		
Check No.	PT 13 207	
ВугВ	2724	16 a
FOR SECR	ETARY OF STATE USE ONLY	

Under renalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, ned herein are true and sorrect.

Signature of Authorized Person

Vincent Scopelliti, Jr Print or Type Name of Authorized Person

Form 632 Rev. 08/06