

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$59.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

1. fD.No. 158986	i "	t name of the limited liability company VAY DEVELOPMENT					
3. State of Formation RHODE ISLAND	State of Formation RHODE ISLAND 4. Brief description of the character of the bus GENERAL CONTRACTOR - RI			ness which is actually conducted in Rhode Island EAL ESTATE CONSTRUCTION			
5. Principal office address 51 Crocus Drive			Cuy Cranston	State RI	^{Zip} 02920		
6. MAILING ADDRESS Contact Name George M. Landes		IABILITY COMPANY AN	VD NAME OR TITLE OF CONTACT Title Attorney	ACT PERSON:			
Street Address 300 Centerville Road, Suite 305, Summit West			^{City} Warwick	State RI	^{Zip} 02886		
7. NAME AND ADDI	RESS OF EACH M	ANAGER OF THE LIMIT IN SPACES BEFORE US	ED LIABILITY COMPANY, IF A	NPPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT)	LIST MEMBERS		
Manuger Namo			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
СИУ	State	Zip	City	State	Zip		
Manager Name	•	******************************	Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	Сцу	State	Zip		
8. RESIDENT AGENT This information is cur			of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	6-11		

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



158986

	OCT 0 8 2008	 ٠.
File Date	By 1010	
Check No.		

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.

Signature of Authorized Person

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