



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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.

1. ID No 113139		2. Exact name of the limited liability company Van Dongen Holding Company, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holdings.			
5. Principal office address 372 Ives Street		City Providence		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Craig Van Dongen			Contact Title		
Street Address 372 Ives Street		City Providence		State RI	Zip 02906
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Craig Van Dongen			Manager Name		
Street Address 372 Ives Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Scott T. Spear, Esq.			Address		
Address 30 Exchange Terrace			City Providence		Zip 02903

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

113139

File Date	9-24-09
Check No.	1009
By:	mnc
FOR 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.


Signature of Authorized Person Date 9/9/09
Craig Van Dongen, Manager
Print or Type Name of Authorized Person