



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* • **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. ID No. 121716		2. Exact name of the limited liability company 725 Ventures, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Holding, managing, leasing and otherwise dealing with real estate.			
5. Principal office address 725 Branch Avenue, Suite 105		City Providence		State RI	Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William Ricci			Contact Title		
Street Address 725 Branch Avenue, Suite 105		City Providence		State RI	Zip 02904
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 William Ricci			Manager Name		
Street Address 725 Branch Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

OCT 27 2009

WMD
29-102314

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

121716

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.

William Ricci
Signature of Authorized Person Date

William Ricci

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY