



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 2011

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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 151217		2. Exact name of the limited liability company Maple Valley Properties, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management			
5. Principal office address 28 Valley View Dr.		City Greenville		State RI	Zip 02828
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Moreau		Contact Title Manager			
Street Address 28 Valley View Dr.		City Greenville		State RI	Zip 02828
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) <input type="checkbox"/>					
Manager Name Robert Moreau		Manager Name Karen Moreau			
Street Address 28 Valley View Dr.		Street Address 28 Valley View Dr.			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Manager Name Mark Peloguin		Manager Name Tracie Peloguin			
Street Address 84 Mapleville Rd		Street Address 84 Mapleville Rd			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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					

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

FILED

File Date	NOV 01 2011
Check No.	By <u>MMC</u>
By:	<u>1405</u>
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.

Tracie L. Peloguin 10/29/11
Signature of Authorized Person Date
Tracie L. Peloguin
Print or Type Name of Authorized Person