

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	LOGOUT



ANNUAL REPORT YEAR: 2012
1. ID No. 000143298
2. Exact Name of the Limited Liability Company Merchants Village Associates II, LLC
3. State of Formation State: RI
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE DEVELOPMENT AND OWNERSHIP
5. Principal Office Address No. and Street: 27 TIMOTHY DRIVE City or Town: WESTERLY State: RI Zip: 02891 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ROBERT E. LIBORI Contact Title: MANAGER No. and Street:

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 OCT 09 2012
 BY 1089

10741 QUAIL COVEY ROAD

City or Town: BOYNTON BEACH State: FL Zip: 33436 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Delete	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	ROBERT E LIGUORI	10741 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436 USA
<input type="checkbox"/>	ROBERT A LIGUORI	27 TIMOTHY DRIVE WESTERLY, RI 02891 USA

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street: - Same Address as -

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Robert E. Liguori

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 25 Day of September, 2012 at 2:15:21 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

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OCT 09 2012

BY ED 143298