

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

326171	V&SPI	2. Exact name of the limited liability company V & S Properties, LLC					
3. State of Formation Rhode Island	4. Brief des To Buy,	Brief description of the character of business conducted in Rhode Island To Buy, Sell, Hold, Lease, Develop or otherwise deal in Real Estate					
5. Principal office address 1840 Cranston Street			City Cranston	State RI	Zip 02920		
6. Mailing address of	LIMITED LIABILI	TY COMPANY AND	NAME OF THEE OF CONTACT	PERSON: 7			
Contact Name Victor F. Wilbert, Jr.			Contact Title Member				
Street Address 1840 Cranston Street			City Cranston	State RI	Zip 02920		
7. LÎST <u>ALÎ:</u> MANAGERS ("X" BOX FÖR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	FAPPLICABLE DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address	Street Address						
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN R	HODE ISLAND						
		e Office of the Secr	retary of State. Changes require	filing Form 642	ANSTALL SEPARATION OF LITTLE SE		

FILED
NOV 28 2012

By _______

Ch # 1129

File D	nte 💹		
Observation of the control of the co	N-1		4
Che ck	NO		٠.
By: _			2
FOR S	ECRET	TARY OF STATE USE ONLY	•

Form 11 632 Revise 01/2012 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 /

Victor F. Wilbert, Jr.

Print or Type Name of Authorized Person