



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 **2013**

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.

1. Entity ID No. 575205		2. Exact name of the limited liability company VALLEY CC INVESTORS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PRIVATE GOLF COURSE & BANQUET FACILITY			
5. Principal office address 251 NEW LONDON AVENUE		City WARWICK		State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS W. MARKARIAN		Contact Title MANAGER			
Street Address 251 NEW LONDON AVENUE		City WARWICK		State RI	Zip 02886
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name DAVID CROCKER		Manager Name FRANCIS DAILEY			
Street Address 251 NEW LONDON AVENUE		Street Address 251 NEW LONDON AVENUE			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Manager Name RONALD D. DIODATI		Manager Name THOMAS W. MARKARIAN			
Street Address 251 NEW LONDON AVENUE		Street Address 251 NEW LONDON AVENUE			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 24 2013

BY 017993

File Date

Check No.

By:

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.

Thomas W. Markarian
Signature of Authorized Person

Date

THOMAS W. MARKARIAN

Print or Type Name of Authorized Person