

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 102675	FV, LLC	ne of the limited liabilit	y company												
3. State of Formation		cription of the characters development.	of business conducted in Rhode Island												
Rhode Island		·													
5. Principal office addres 41 Comstock Park			City Cranston	State RI	Zip 02921										
1 - 02 22 0 X 1/2/2 1 1/2/2 20 20 20 20 20 20 20 20 20 20 20 20 20	DE LIMITED LIABILIT	Y COMPANY AND N	AME OR THE OF CONTACT	PERSON:											
Contact Name Frederick V. Vicari	io		Contact Title Manager												
Street Address 41 Comstock Park	way		City Cranston												
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS										
Manager Name Frederick V. Vicari	0		Manager Name												
Street Address 41 Comstock Park	way		Street Address												
City Cranston	State RI	Zip 02921	City	State	Zip										
Manager Name		1	Manager Name												
Street Address			Street Address												
City	State	Zip	City	State	Zip										
). RESIDENT AGENT IN	RHODE ISLAND	un al de contrate de la contrate de													
his information is curr	ently of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.											

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Form No. 632 Revised: 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

Frederick V. Vicario

Print or Type Name of Authorized Person