

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 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.		ne of the limited liabilit					
148292	25 Black	25 Blackstone Valley Place, LLC					
3. State of Formation		Brief description of the character of business conducted in Rhode Island					
Rhode Island	Ownersh	Ownership of real estate					
5. Principal office address P.O. Box 1271			City West Warwick	State RI	Zip 02893		
6. MAILING ADDRESS OF	F LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:	eren degeler i hitalija Seldanis (1915. galana).		
Contact Name Roy A. LaCroix			Contact Title Manager				
Street Address P.O. Box 1271			City West Warwick	State RI	Zip 02893		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name Roy A. LaCroix			Manager Name				
Street Address P.O. Box 1271			Street Address				
City West Warwick	State RI	Zip 02893	City	State	Zíp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN I	RHODE ISLAND	L					
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require fil	ing Form 642.			

FILED

SEP 23 2014

BY WANA

File Date	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.		
Check No	Uloy a. Labrar Mr. 9/15/	14	
By:	Signature Of Authorized Person Date		
	Roy A. LaCroix, Manager		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012