



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. <u>125202</u>		2. Exact name of the limited liability company <u>VILLAR Realty, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buying and selling Real State</u>			
5. Principal office address <u>130 PAINE AVENUE</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MARIA VILLAR</u>			Contact Title <u>MEMBER</u>		
Street Address <u>130 PAINE AVENUE</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	
7. LIST ALL MANAGERS (NAME AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>MARIA VILLAR</u>			Manager Name		
Street Address <u>SAME as above</u>			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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

SEP 23 2014

BY CR 232842

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SECRETARY OF STATE
CORPORATIONS DIV
2014 SEP 23 PM 1:11

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.

Maria Villar
Signature of Authorized Person

9/23/2014
Date

MARIA VILLAR
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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