

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.	2. Exact nam MJV Hom	e of the limited liabi	lity company														
555389																	
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rhode I	sland													
Rhode Island	Real Esta	ite Developmer	nt														
5. Principal office address 18 Ilex Court			City Saunderstown	State RI	Zip 02874												
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:													
Contact Name Michael J. Valletta			Contact Title Member														
Street Address 18 Ilex Court			City Saunderstown	State Zip 02874													
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) 🗍	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS												
Manager Name	the all all the state of the st		Manager Name	Manager Name													
Street Address			Street Address														
City	State	Zip	City	State	Zip												
Manager Name			Manager Name	Manager Name													
Street Address			Street Address	Street Address													
City	State	Zip	City	State	Zip												
8. RESIDENT AGENT IN	RHODE ISLAND																
This information is curr	ently of record in th	e Office of the Sec	retary of State. Changes require fil	ling 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,

Signature of Authorized Person

Michael J. Valletta

Print or Type Name of Authorized Person