



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. 000126438		2. Exact name of the limited liability company PENNY & VINCENT'S ENTERPRISES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO OWN REAL ESTATE	
5. Principal office address ONE OFFICE PARKWAY		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VINCENT A. ARMENIO, M.D.		Contact Title MANAGER	
Street Address ONE OFFICE PARKWAY		City EAST PROVIDENCE	State RI
		Zip 02914	
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 VINCENT A. ARMENIO		Manager Name JENNIFER JEREMIAH, M.D.	
Street Address 64 FRANCIS STREET		Street Address 64 FRANCIS STREET	
City REHOBOTH	State MA	Zip 02769	City REHOBOTH
			State MA
			Zip 02769
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
			Zip
			2014 OCT 20 PM 3:30
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.			

PAID
ck # 1284

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OCT 21 2014

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 By _____
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BY *ck # 234686*

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.

Vincent Armenio 10/15/14
 Signature of Authorized Person Date

VINCENT A. ARMENIO, M.D.

Print or Type Name of Authorized Person