

## 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.	2. Exact name of	the limited liability com	pany		
549480	MJV Enterprises, UC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	and Keal Estate				
5. Principal office address Pipo	in Orcha	nd Rd.	city Cranston	State	Zip U2921
6. MAILING ADDRESS OF LIBITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Michael J. Valelli			Contact Title Wher/manages		
Street Address 950 Pim	in Orchard	Rd.	City Cranston	State	Zip 02921
7. LIST <u>ALL</u> MANAGERS (MANES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT).					
Manager Nama Michael	J. Valell		Manager Name M.	Valelli	
Street Address 50 Pippin Drahard Rd.			350 Pippin Orthard Rd.		
Cranston	State	Zip 02921	city Clanston	State	Zip ()2921
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

OCT 2 8 2014

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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

10/23/19

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012