



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 97142		2. Exact name of the limited liability company Brentvin Associates, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, owning, managing, conveying and distributing real property	
5. Principal office address 158 Racquet Road		City Jamestown	State RI Zip 02835
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Donald V. Fagnoli		Contact Title Manager	
Street Address 158 Racquet Road		City Jamestown	State RI Zip 02835
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Donald V. Fagnoli		Manager Name Carol Bourcier Fagnoli	
Street Address 158 Racquet Road		Street Address 158 Racquet Road	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

OCT 30 2014

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY

1411

97142

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.

Donald V. Fagnoli
Signature of Authorized Person Date 10/21/14

Donald V. Fagnoli

Print or Type Name of Authorized Person