

## 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

9015

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. 161282		Exact name of the limited liability company     VP ENTERPRISES, LLC  4. Brief description of the character of business conducted in Rhode Island     LAND OWNERSHIP				
3. State of Formation						
5. Principal office address 1350 NORTH MAIN ROAD			City JAMESTOWN	State RI	Zip <b>02835</b>	
6.MAILING ADDRESS OF Contact Name	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON: 🥞 🎒		
MICHAEL P. DUTTON			OWNER			
Street Address 1350 NORTH MAIN ROAD			City JAMESTOWN	State RI	Zip <b>02835</b>	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name SOLE OWNER			Manager Name			
Street Address			Street Address			
City	State	Zìp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address		20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
City	State	Zìp	City	State	Zip 0 7 (2)	
8. RESIDENT AGENT IN R	HODE ISLAND				· · · · · · · · · · · · · · · · · · ·	
This information is curren	tly of record in the	Office of the Secr	etary of State. Changes require fil	ing Form 642.	<b>2</b> 500	
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File Date
Check No.
FOR SECRETARY OF STATE USE ONLY

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, and that all statements contained herein are true and correct.

Signature of Authorized Person

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Print or Type Name of Authorized Person