



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.<br>160976  |               | 2. Exact name of the limited liability company<br>VILLA ANGINETTE                                    |               |              |     |
| 3. State of Formation<br>R.I.   |               | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE APARTMENT |               |              |     |
| 5. Principal office address<br>28 WOODLAND RD   |               | City<br>N. SCITUATE  | State<br>R.I. | Zip<br>02857 |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>  |               |  |               |              |     |
| Contact Name<br>ARTHUR - PAUL PETROSINELLI  |               | Contact Title<br>OWNER   |               |              |     |
| Street Address<br>28 WOODLAND RD  |               | City<br>N. SCITUATE  | State<br>RI   | Zip<br>02857 |     |
| <b>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"/></b> |               |  |               |              |     |
| Manager Name<br>ARTHUR - PAUL PETROSINELLI  |               | Manager Name   |               |              |     |
| Street Address<br>28 WOODLAND RD  |               | Street Address   |               |              |     |
| City<br>N. SCITUATE   | State<br>R.I. | Zip<br>02857   | City          | State        | Zip |
| Manager Name  |               | Manager Name   |               |              |     |
| Street Address  |               | Street Address   |               |              |     |
| City  | State         | Zip  | City          | State        | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |               |  |               |              |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |               |  |               |              |     |

**FILED**

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BY 1378

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: *Arthur Paul Petrosinelli* Date: 5/13/15  
 Print or Type Name of Authorized Person: ARTHUR - PAUL PETROSINELLI

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_

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