



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. <u>000165391</u>		2. Exact name of the limited liability company <u>Falls At Scott Hollow Investments LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>	
5. Principal office address <u>728 Valley St. Prov</u>		City <u>Prov</u>	State <u>RI</u>
		Zip <u>02908</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Rudy Procaccianti</u>		Contact Title <u>Member</u>	
Street Address <u>728 Valley St. Prov</u>		City <u>Prov</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) ☐			
Manager Name <u>Rudy Procaccianti</u>		Manager Name	
Street Address <u>728 Valley St.</u>		Street Address	
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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.			

12:34pm

FILED

MAY 19 2015

By C6060744

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2015 MAY 19 PM 12:32

SECRETARY OF STATE
CORPORATIONS DIV

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

Date

Print or Type Name of Authorized Person