



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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&c)) is subject to a penalty fee of \$25.00.

1. ID No. 106729		2. Exact name of the limited liability company VALLEY PLACE GREENWICH CENTRE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING, LEASING, SELLING AND OTHERWISE INVESTING IN REAL PROPERTY	
5. Principal office address 6 BLACKSTONE VALLEY PLACE #206		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HENRY J. KEIGWIN		Contact Title	
Street Address 6 BLACKSTONE VALLEY PLACE #206		City LINCOLN	State RI
		Zip 02865	
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) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH F. WHINERY, JR., ESQ.		Address CAMERON & MITTLEMAN LLP	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

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

FILED

106729

OCT 09 2015

By 001889

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

Henry J. Keigwin

Print or Type Name of Authorized Person

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY