

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.

(K.I.G.L. /-10-00 (0&C))	is suojeci	to a penatty jee of \$25.00	<i></i>					
1. ID No.		name of the limited liability company						
106729	VALLI	EY PLACE GREENWICH CENTRE, LLC						
3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhode Island NG, SELLING AND OTHERWISE INVESTING IN REAL PROPERTY				
RHODE ISLAND		ACQUIRING, OVVININ	G, DEVILEOF ING, EEAOI					
5. Principal office address				City	State		Zip	
6 BLACKSTONE VALLEY PLACE #206				LINCOLN	RI	- 1 As 1 1	02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				OR TITLE OF CONTACT PERSON: Contact Title				
Contact Name HENRY J. KEIGWIN				COUMCE THE				
Street Address				Clty	State		Zip	
6 BLACKSTONE VALLEY PLACE #206				LINCOLN	RI		02865	
		Control of the second	Languague Tibra	:	v		!	
7. NAME AND ADDE	ESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICA ACHMENTS ("X" BOX FOR A	LIACHMENT)	OT 1121	<u>MEMBERS</u>	
		FILL IN SPACE	BEFORE USING ATT					
Manager Name		•		Manager Namo				
				Sireet Address				
Street Address				or est your coo				
City		State	Zψ	City	State		Zip	
			-	- -	ľ			
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
kumma kini uliku iliku yi <u>uhulu</u>					 	6.11	i julija i 1925je in	
8. RESIDENT AGENT	IN RH	ODE ISIVAD - DO V	OT ALIEK - Changes	require filing of Form 642 - R.I.G.L. 7-16-11 Address				
JOSEPH F. WHINERY, JR., ESQ.				CAMERON & MITTLEMAN LLP				
Address				City Zip		Zip		
301 PROMENADE STREET				PROVIDENCE 02908				

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

	106729	0CT 0 9 2015	Under penalty of perjury, I declare and affirm that I have examined this report,
	B		including any accompanying schedules and statements, and that all statements,
		The same and the s	contained herein are true and conject.
File Date			/ // / .
		l 1/	At Davi
Check No.		ľ	Signature of Authorized Person Date
	내 집에 되었다 때문에 되는 말라다		<i>y</i> 1
Ву:			Henry J. Keigwiń
	FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person