



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 2015

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>506936</u>		2. Exact name of the limited liability company <u>Professional Valet LLC</u>	
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Parking & Management</u>	
5. Principal office address <u>5 Mountain Street</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02903</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Alan Porporino</u>		Contact Title <u>Owner</u>	
Street Address <u>5 Mountain Street</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02903</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		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			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

OCT 15 2015

By

258514
A.A.

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.

Alan Porporino
Signature of Authorized Person

10/15/15
Date

Alan Porporino
Print or Type Name of Authorized Person

File Date

Check No

By:

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