

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.	2. Exact nam	2. Exact name of the limited liability company								
798057	The Vai	The Vaill Block Island LLC								
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island								
Rhode Island	Manage r	Manage real estate.								
5. Principal office address 17 Deer Run Road			City Canton	State CT	Zip 06019					
6 MAILING/ADDRESS/OF L	LINITEDILIABILIT	Y/COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	ு அறிரா சுவார்கள் பத்தா வள்ளது தொடி					
Contact Name			Contact Title							
Kirsten M. Getler			Manager City Canton State CT 06019							
Street Address 17 Deer Run Road				State CT	Zip 06019					
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE LIM	ITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO I</u>	NOT LIST MEMBERS					
fanager Name Kirsten M. Getler			Manager Name Heidi Tallmadge							
Street Address 17 Deer Run Road			Street Address 362 Pequot Avenue							
City Canton	State CT	Zip 06019	City Mystic	State CT	Zip 06355					
Manager Name Holly C. Ritzinger			Manager Name							
Street Address 38 Roosevelt Road			Street Address							
City Medford	State MA	Zip 02155	City	State	Zip					
8. RESIDENT AGENT IN RH	ODE ISLAND				· · · · · · · · · · · · · · · · · · ·					
This information is currentl	y of record in the	Office of the Secreta	ry of State. Changes require	filing Form 642.	· · · · · · · · · · · · · · · · · · ·					
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File Date				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.			
Check No		 .		Kinsta M. Satter	10/14/5		
Ву:				Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY				Kirsten M. Getler, Manager			
				Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012