

## 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 nar	2. Exact name of the limited liability company				
960552	OLD VIL	LAGE PROPER	RTIES LLC			
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	purchase, sale, ownership and management of real estate					
5. Principal office address 59 Pound Road, P. O. Box 805			City Chepachet	State RI	Zip <b>02814</b>	
8 MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT F	ERSON:		
Contact Name  Kevin A. LaVoie			Contact Title Member			
Street Address 59 Pound Road, P. O. Box 805			City Chepachet	State RI	Zip <b>02814</b>	
7. LIST <b>all</b> Managers () ("XV BOX FOR ATTACHN	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, II	国际产品的 机电镀铁矿 医肾色素		
Manager Name None			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8: RESIDENT AGENT IN RH						
This information is current	ly of record in the	Office of the Secr	etary of State. Changes require t	filing Form 642.	The state of the s	

## FILED

OCT 2 6 2015

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 coptained herein are true and correct.		
Check No.	1 Sant frac 10/20/15		
By	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Kevin A. LaVoie		
Actives Statement in the second secon	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012