

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

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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.

2. Exact na	2. Exact name of the limited liability company				
AVCOR	AVCORR Management, LLC				
4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Real est	Real estate management				
office address ge Hill Road, 2nd Floor		City Warwick	State RI	Zip 02886	
LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Anthony Ventetulo, Jr.		Contact Title President			
Street Address 21 College Hill Road, 2nd Floor		City Warwick	State RI	Zip 02886	
(NAMES AND ADD	RESSES) OF THE		The second secon	Edward 1	
Manager Name Street Address		Manager Name Street Address			
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danager Name		Manager Name			
Street Address		Street Address			
State	Zip	City	State	Zip	
 HODE ISLAND ∰					
			e filing Form 642.		
	AVCORE 4. Brief desc Real esta d, 2nd Floor LIMITED LIABILIT Jr. d, 2nd Floor (NAMES AND ADD MENT) State State HODE ISLAND	AVCORR Management, 4. Brief description of the characteristic description	AVCORR Management, LLC 4. Brief description of the character of business conducted in Rhi Real estate management d, 2nd Floor City Warwick LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT Contact Title President d, 2nd Floor City Warwick (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, MENT) Manager Name Street Address State Zip City Manager Name Street Address Street Address Street Address City Manager Name Street Address City Manager Name	AVCORR Management, LLC 4. Brief description of the character of business conducted in Rhode Island Real estate management d, 2nd Floor City Warwick RI LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title President City Warwick State RI (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DOMENT) Manager Name Street Address State State State Zip City State Manager Name Street Address State Street Address	

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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 statement and that all statements contained herein are true and correct.		
Check No By:	Signature of Authorized Person	9/24/15 Date	
FOR SECRETARY OF STATE USE ONLY	Anthony Ventetuolo, Jr.		
TOT SEATE USE ONLY	Print or Type Name of Authorized Person	· · · · · · · · · · · · · · · · · · ·	

Form No. 632 Revised: 01/2012