

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

1. Entity ID No. 134631		2. Exact name of the limited liability company ACV Real Estate, LLC				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
RI	Real esta	Real estate investment				
5. Principal office address 99 Pineledge Road			City Greenville	State RI	Zip 02828	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Virginia L. Martins			Contact Title Manager			
Street Address 99 Pineledge Road			City Greenville	State RI	Zip 02828	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Virginia L. Martins			Manager Name None			
Street Address 99 Pineledge Road			Street Address	•		
City Greenville	State RI	Zip 02828	City	State	Zip	
Manager Name None			Manager Name None			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
				L		
8. RESIDENT AGENT IN R	HODE ISLAND					

OCT 2.6 2015

Print or Type Name of Authorized Person

	1981		
	Under penalty of perjury, I declare and affire		
File Date	this report, including any accompanying so and that all statements contained hereig are	true and correct.	
Check No	XVirginia L Martins		
Ву:	Signature of Authorized Person	Date	
	Virginia L. Martins, Member		

FOR SECRETARY OF STATE USE ONLY

Form No. 632 inevised: 01/2012