

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.

1. Entity ID No. 555389	2. Exact nar MJV Hor	ne of the limited liab nes, LLC	ility company			
3. State of Formation		Brief description of the character of business conducted in Rhode Island Real Estate Development				
Rhode Island	Real EST	ate Developme	nt			
5. Principal office address 18 Llex Court			City Saunderstown	State RI	Zip 02874	
	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON;		
Contact Name Michael J. Valletta			Contact Title Member			
Street Address 11Llex Court			City Saunderstown	State RI	^{Zip} 02874	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF /	(PPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currer	ntly of record in the	Office of the Secr	etary of State. Changes require fil	ng Form 642.		

File Date Check No By:	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. Signature of Authorized Person Michael J. Valletta
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012