



**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.<br><b>161282</b>                          |       | 2. Exact name of the limited liability company<br><b>VP ENTERPRISES, LLC</b>                         |                    |                     |     |
| 3. State of Formation<br><b>RI</b>                         |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>LAND OWNERSHIP</b> |                    |                     |     |
| 5. Principal office address<br><b>1350 NORTH MAIN ROAD</b> |       | City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02835</b> |     |
| Contact Name<br><b>MICHAEL P. DUTTON</b>                   |       | Contact Title<br><b>OWNER</b>  |                    |                     |     |
| Street Address<br><b>1350 NORTH MAIN ROAD</b>              |       | City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02835</b> |     |
| Manager Name<br><b>SOLE OWNER</b>                          |       | 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 |

**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.**

**FILED** ✓

FEB 18 2016



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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]* 3/1/15  
 Signature of Authorized Person Date

Michael P. Dutton  
 Print or Type Name of Authorized Person