

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 Evact na	me of the limited liab	ilitu oomaanu				
535764	1		VD ASSOCIATES L	ÍC			
3. State of Formation	4. Brief desc	cription of the charac	ter of business conducted in Rhode	Island			
RI		keting?	mansing ("	NED OUTE	+ STATE		
245 WA	Ach Holl	Deive	East Green	State PT_	Zip 02818		
Contact Name —		Y COMPANY AND	NAME OF THE OF CONTACT PE	RSON:	yandig gasabababab		
SHIN UENO			OWNER_	OWNEZ_			
Street Address 151	5 W.AVE. 14		City LANCASTER	State	Zio 93934		
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	RESSES) OF THE I	LIMITED LIABILITY COMPANY, IF.	APPLICABLE - <u>DO I</u>	NOT LIST MEMBERS		
Manager Name		amateuremeatajatenaas <u>k</u>	Manager Name				
Street Address		·-·	Street Address	<u> </u>			
City	State	Zip	City	State	Zip		
Manager Name	<u></u> _		Manager Name				
Ot Add t		<u> </u>		22 07			
			Street Address	Street Address			
City	State	Zip	City	State	Zippo ON C		
State Contact Name SHIN UENO Street Address ISIS WAVE L4 City BOX FOR ATTACHMENT) Manager Name Street Address State Zip Manager Name Manager Name Manager Name Street Address State State Character Title OWNER City Manager Name Manager Name Street Address Street Address							
This information is cur	rently of record in the	Office of the Secre	etary of State. Changes require fili	ing Form 642.	星点而		
					9 27		
		EU FC			2		
		•		-	ω		
		APR 15 2	016				
		212	203				
	į	* ~ ~ ~ ~					
		A.A.					
		13 11					

File Date			
Check No			
By:	Pro-estala de la comita. Se de pro-esta de la comita de l		
FOR SEC	RETARY OF	STATE USE ONLY	
Awn Irazu	safigerat en de		

Form No. 632 Revised: 01/2012 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 Persor

Date

Print or Type Name of Authorized Person