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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016	
Limited Liability Company		

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
135266	Village Apartments, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	To acquire lease hold and sell real estate						
5. State of Formation							
RI							
6. Principal Office Address	Principal Office Address			State	Zip		
12 Thorpe Lane	rpe Lane			RI	02892		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Erin Messineo			Contact Title Member				
Street Address 12 Thorpe Lane	eet Address 12 Thorpe Lane		City West Kingston	State RI	^{Zip} 02892		
8. List ALL managers (names ar	nd addresses) o	f the Limited Liabi	lity Company, IF APPLICABLE - I	OO NOT LIST ME	MBERS		
Manager Name 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		
			Che	ck the box to indi	cate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person			Date				
Erin Messineo			9/18/2016				
Signature of Authorized Person Charles DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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