

Annual Report for the year: 20/6
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                              |     |                      |             |       |
|---|---|-----|----------------------|-------------|-------|
| 133430  | Indian Valley LLC   |     |                      |             |       |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |     |                      |             |       |
| 531   | Real Estate Investments   |     |                      |             |       |
| 5. State of Formation   | 1   |     |                      |             |       |
| RI  |   |     |                      |             |       |
| 6. Principal Office Address   |   |     | City                 | State       | Zip   |
| 216 Gray Craig Road   |   |     | Middletoun           | KI          | 02042 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |     |                      |             |       |
| Contact Name<br>Andrew F. Nicoletta   |   |     | Contact Title        |             |       |
| Street Address Gnay (Raig Road  |   |     | Middletown           | State<br>RI | 02842 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                          |   |     |                      |             |       |
| Manager Name  1000  |   |     | Manager Name  1000e. |             |       |
| Street Address  |   |     | Street Address       |             |       |
| City  | State   | Zip | City                 | State       | Zip   |
| Manager Name  |   |     | Manager Name         |             |       |
| Street Address  |   |     | Street Address       |             |       |
| City  | State   | Zip | City                 | State       | Zip   |
| Check the box to indicate 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   | . 1 '   | (   |                      | Date / / /  | 16/16 |
| FINGREW 7. WIEGELES   |   |     |                      |             |       |
| Signature of Authorized Person SIGN DOCUMENT HEXE   |   |     |                      |             |       |
| $\sim 10^{-1}$  |   |     |                      |             |       |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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