	d and Providence Plantations f Stಚ್e - Business Services Division	
Annual Report for the Limited Liability Com → Filing period: Septemb → Filing Fee: \$50.00 → Penalty: Additional \$25	pany	
1. Entity ID Number	2. Exact name of the Limited Liability Company	

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796485	1075 Scituate Ave., LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
53	D 150 do							
5. State of Formation	Real Estate							
Rhode Island								
6. Principal Office Address			City A	State	Zip			
350 Pippin Orchard Rd.		Cranston	RI	02931				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Michael J. Valelli			Contact Title Owner					
Street Address 350 Pippin Orchard Rd.		city Cranston	State	Zip 02421				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
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			
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								
Michael J. Valelli			li	10/14	16			
Signature of Authorized Persent Signature of Authorized Persen								

MAIL TO:

Division of Business Services

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

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

