STAL WELL

Annual Report for the year: ________ **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	12 Evertuen				
000577242	2. Exact name of the Limited Liability Company				
000577242	V Square/R, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pi	ANY LAWFUL BUSINESS				
5. State of Formation	1				
RHODE ISLAND	 				
6. Principal Office Address			City	State	Zip
38 THORNTON WAY			NORTH KINGSTOWN	Ri	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name THOMAS J. VALENTI			Contact Title PRESIDENT		
Street Address 38 THORNTON WAY			City NORTH KINGSTOWN	State RI	^{Zip} 02852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LEO F. VALENTI			Manager Name		
Street Address P.O. BOX 190			Street Address		
City EAST GREENWICH	State RI	^{Zip} 02818	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				Date	
LEO F. VALENTI, MANAGER				October 24 , 2016	
Signature of Authorized Person					
Le Valento SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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

OCT 3 1 2016

FORM 632 - Revised: 08/2016