



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 **2016**

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. 000108903		2. Exact name of the limited liability company A.V. LAND & BUILDING ENTERPROSES, L.L.C.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. Principal office address 13912 GRAMBLING CIRCLE		City WESTMINSTER	State CA	Zip 92683	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ASIT VYAS		Contact Title MANAGING MEMBER			
Street Address 13912 GRAMBLING CIRCLE		City WESTMINSTER	State CA	Zip 92683	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ASIT VYAS		Manager Name			
Street Address 13912 GRAMBLING CIRCLE		Street Address			
City WESTMINSTER	State CA	Zip 92683	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

FEB 10 2017

BY ce 295406

RECEIVED
OFFICE OF THE SECRETARY OF STATE
FEB 10 AM 11:18
805 STATE ST
PROVIDENCE, RI 02903

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Asit P. Vyas **02/07/2017**
Signature of Authorized Person Date

ASIT P. VYAS

Print or Type Name of Authorized Person