



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017

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. Entry ID Number 507861		2. Exact name of the Limited Liability Company Avalon Holdings I, LLC			
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island To Acquire, Develop, Own, Operate and Sell Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 15 Blueberry Lane			City Jamestown	State RI	Zip 02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JoEllen Quaglietta Fiorenzano			Contact Title Member		
Street Address 15 Blueberry Lane			City Jamestown	State RI	Zip 02835
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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island: This information is currently on record with the Department of State. Changes require filing Form 042.					
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 JoEllen Quaglietta Fiorenzano				Date 9/16/17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.n.gov

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