RI SOS Filing Number: 201751035730 Date: 10/4/2017 4:00:00 PM



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 __

2014

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.	2. Exact name	2. Exact name of the limited liability company				
111720	VAL	= G101A	PROPERTIES, LLC			
3. State of Formation	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island				
Rhy	Rea	Estate	Holding Con	n jainy	531110	
5. Principal office address 30 KESEWOV AVENUE			Johnsten	State R	Zp02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Incomas A Paguanni			Contact Title MelV	Meinber_		
Street Address 30 RPGCNDV AVE			Johnsten	State (Zp 02919	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDR	ESSES) OF THE LIMI	TED LIABILITY COMPANY, SF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			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	Zφ	
8. RESIDENT AGENT IN RHODE ISLAND						
		Office of the Secretar	y of State. Changes require fil	ing Form 642.		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

OCT 0 4 2017

EY 3431

FILED

File Date ______ 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 herelifeare true and correct.

Check No ______ Openalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained hereifeare true and correct.

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

agliavini

Form No. 632 Revised: 01/2012