



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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CORPORATIONS  
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Annual Report for the year: 2018

## 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<br><u>1677870</u>                                                                                                                                                                |                    | 2. Exact name of the Limited Liability Company<br><u>225 Valley Street, LLC</u>                       |                           |                        |                     |
| 3. NAICS Code<br><u>531110</u>                                                                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Rental property</u> |                           |                        |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                    |                                                                                                       |                           |                        |                     |
| 6. Principal Office Address<br><u>28 Cathedral Ave</u>                                                                                                                                               |                    |                                                                                                       | City<br><u>Providence</u> | State<br><u>RI</u>     | Zip<br><u>02908</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                       |                           |                        |                     |
| Contact Name<br><u>Libania X. Rodriguez</u>                                                                                                                                                          |                    |                                                                                                       | Contact Title             |                        |                     |
| Street Address<br><u>28 Cathedral Ave</u>                                                                                                                                                            |                    |                                                                                                       | City<br><u>Providence</u> | State<br><u>RI</u>     | Zip<br><u>02908</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                       |                           |                        |                     |
| Manager Name<br><u>Libania X Rodriguez</u>                                                                                                                                                           |                    |                                                                                                       | Manager Name              |                        |                     |
| Street Address<br><u>28 Cathedral Ave</u>                                                                                                                                                            |                    |                                                                                                       | Street Address            |                        |                     |
| City<br><u>Providence</u>                                                                                                                                                                            | State<br><u>RI</u> | Zip<br><u>02908</u>                                                                                   | City                      | State                  | Zip                 |
| 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 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<br><u>Libania X Rodriguez</u>                                                                                                                                              |                    |                                                                                                       |                           | Date<br><u>9/20/18</u> |                     |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                 |                    |                                                                                                       |                           |                        |                     |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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