



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 130121		2. Exact name of the limited liability company Valley Group II, LLC			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, AND LEASE REAL PROPERTY			
5. Principal office address P.O. BOX 678		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN J. EGAN JR.			Contact Title MEMBER		
Street Address P.O. BOX 678		City NEWPORT	State RI	Zip 02842	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name JOHN J. EGAN JR.			Manager Name		
Street Address P.O. BOX 678		Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID P. MARTLAND, ESQ.			Address		
Address 1100 AQUIDNECK AVENUE		City MIDDLETOWN	Zip 02842-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



130121

File Date	11-02-05
Check No.	123
By	UP
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.

Signature of Authorized Person Date 10/31/05

David P. Martland, Esq.
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004
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Manager Name John J. Egan, Jr.			Manager Name		
Street Address P.O. Box 678			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Agent Name DAVID P. MARTLAND, ESQ.			Address 1100 AQUIDNECK AVENUE		
Address			City MIDDLETOWN	Zip 02842-	

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130121 DLLC 11/02/04 04:49:52 PM

File Date 6/1/05

Check No. 112

By: DA

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.

David P. Martland 5/31/05
Signature of Authorized Person Date

David P. Martland
Print or Type Name of Authorized Person