RI SOS Filing Number: 201926786670 Date: 10/30/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

OCT 30 PM 3: 43

Annual Report for the year: 2019 **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
577242	V Square/R, LLC				
3. NAICS Code 53310 533110	4. Brief description of the character of business conducted in Rhode Island COMMERICALLY MARKET, BY MEANS OF LICENSING, PATENTED PRODUCTS THAT EFFICIENTLY REGULATE ENERGY CONSUMPTION AND ANY OTHER LAWFUL BUSINESS ASSOCIATED THEREWITH				
5. State of Formation RHODE ISLAND					
6. Principal Office Address 38 THORNTON WAY			City NORTH KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit	le of Contact Person		1
Contact Name THOMAS J. VALENTI			Contact Title PRESIDENT		
Street Address 38 THORNTON WAY			City NORTH KINGSTOWN	State RI	Zip 02852
		of the Limited Lia	bility Company, IF APPLICABLE -	DO NOT LIST I	MEMBERS
Manager Name LEO F. VALENTI			Manager Name		
Street Address P.O. BOX 190			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
	1		CI	neck the box to i	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This informa	ation is currently of re	ecord with the Department of State. Ch	nanges require filir	ng Form 642.
Under penalty of perjury, I de statements, and that all state			nmined this report, including any re and correct.	y accompanyin	g schedules and
Name of Authorized Person				Date	/
LEO F. VALENTI, MANAGER /c/19/19					
Signature of Authorized Person		/	_		7

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 3 0 2019