	-			
	State of R Office of the Se	hode Island ecretary of S	tate	Fee: \$50.00
	148 W. F	usiness Service River Street	8	
HOPE		RI 02904-2615 222-3040		
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liabili in thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>			
<b>1. ID No.</b> <u>00010410</u>	7			
2. Exact Name of the Li	mited Liability Company $\underline{V}$	<u>al D, LLC</u>		
3. State of Formation				
State: <u>RI</u>				
	ARTICI	_E III		
-	Code that best describes the p e information on <u>NAICS</u> can be		conducted by t	he entity. Download
<u>831311</u>				
4. Brief Description of th	e Character of the Business	Which is Actu	ally Conducted	d in Rhode Island
PURCHASING, LEASI	NG, MANAGING REAL E	<u>STATE</u>		
5. Principal Office Addre	SS			
	OCKINGBIRD DRIVE NSTON	State: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and	d Name or Title	of Contact Pe	rson:
	Title:			
	<u>OCKINGBIRD DRIVE</u> NSTON	State: RI	Zip: 02920	Country: USA
No. and Street: <u>62 MC</u> City or Town: <u>CRAN</u>	NSTON Each Manager of the Limite	State: <u>RI</u> ed Liability Co	Zip: <u>02920</u> mpany, if Appl	Country: <u>USA</u> icable.
No. and Street: <u>62 MC</u> City or Town: <u>CRAN</u> 7. Name and Address of	NSTON Each Manager of the Limite	ed Liability Co	mpany, if Appl	icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

W. THOMAS HUMPHREYS, ESQ. CAMERON & MITTLEMAN LLP <u>301 PROMENADE STREET</u> PROVIDENCE, <u>RI</u> 02908

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of October, 2020 at 9:03:32 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By W. THOMAS HUMPHREYS

Signature of Authorized Person

Form No. 632 Revised 09/07

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