	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Con Annual Report	npany		
Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
<b>1. ID No.</b> <u>000120121</u>			
2. Exact Name of the Limited Liability Company $\underline{VMA GROUP PROPERTIES, LLC}$			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on <u>NAICS</u> can be found online.			
<u>531390</u>			
4. Brief Description of t	ne Character of the Business Which	is Actually Conducted in	ו Rhode Island
REAL ESTATE			
5. Principal Office Addre	ess		
-	RPORATE PLACE		
SUIT	<u>`E 306</u>		~
City or Town: <u>MID</u>	DLETOWN State: <u>RI</u>	Zip: <u>02842-6294</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>2 CO</u> SUITE	<u>RPORATE PLACE</u> <u>E 306</u>		
	LETOWN State: RI	Zip: <u>02842-6294</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	3
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country

VICTOR M. ANDRADE

2 CORPORATE PLACE, SUITE 306

MANAGER

MIDDLETOWN, RI 02842-6294 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DREW P. KAPLAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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 9:14:37 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 <u>VICTOR M. ANDRADE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved