



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 000575205

**2. Exact Name of the Limited Liability Company** VALLEY CC INVESTORS, LLC

**3. State of Formation**

State: RI

**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 [NAICS](#) can be found online.

713910

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PRIVATE GOLF COURSE AND BANQUET FACILITY

**5. Principal Office Address**

No. and Street: 251 NEW LONDON AVENUE

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DAVID CROCKER Contact Title: MANAGER

No. and Street: 251 NEW LONDON AVENUE

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	FRANK FORNARI	251 NEW LONDON AVENUE WARWICK, RI 02886 USA
MANAGER	JOHN HARRINGTON	251 NEW LONDON AVENUE

		WARWICK, RI 02886 USA
MANAGER	ROBERT MANTIA	251 NEW LONDON AVENUE WARWICK, RI 02886 USA
MANAGER	DAVID SIWICKI	251 NEW LONDON AVENUE WARWICK, RI 02886 USA

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

STUART E. WOODARD 117 METRO CENTER BOULEVARD, SUITE 3000 WARWICK, RI 02886

**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 September, 2021 at 10:10:45 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 DAVID CROCKER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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