RI SOS Filing Number: 202561931920 Date: 1/2/2025 4:00:00 PM



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

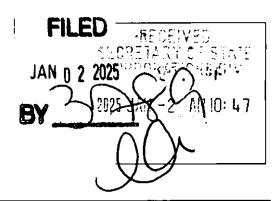
2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|---|-----------------------|--------|----------------------|--|
| 111720 | VAL-GIOIA PROPERTIES, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 53/390 | Real Estate Holding Company | | | | |
| 5. State of Formation | | | | | |
| RS | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 36 RESERVOIR AVENUE | | JOHNSTON | R& | 02919 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name LAURIE J. PAGLIARINI | | Contact Title HEMBER | | | |
| | | City | State | Zin | |
| 36 RESERVOIR AVENUE | | City JOHNSTON | State | ^{z10} 02919 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 9 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. | | | | | |
| Name of Authorized Person | | | Date | | |
| LAURIE J. | PAGLIARINI | | 1-2-25 | | |
| Signature of Authorized Person J. Pagliarine | | | | | |

MAIL TO:

Division of Business Services

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