RI SOS Filing Number: 202565720070 Date: 2/20/2025 4:00:00 PM



## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |               |         |       |
|---|---|---------------|---------|-------|
| 001693454   | V Golf LLC  |               |         |       |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |               |         |       |
| 713900  | · ·   |               |         |       |
| 5. State of Formation   | Indoor golf simulator suites  |               |         |       |
| K1  | 3   | •             |         |       |
| 6. Principal Office Address   | · · · · · · · · · · · · · · · · · · ·                                       | City          | State   | Zip   |
| 170 Federal Wa  | y Apt 102   | Johnston      | RI      | 9196  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |               |         |       |
| Contact Name  |   | Contact Title |         |       |
| Dennis Parrillo   |   | President     |         |       |
| Street Address  |   | City          | State   | Zip   |
| 170 Federal wa  | Ly Apt 162 _  | Tohnston      | RI      | 61910 |
| 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    |       |
| Dennis Parrille   |   |               | 2/20/25 |       |
| Signature of Authorized Person  |   |               |         |       |

FILED

FEB 2 0 2025

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov