



**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.

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BUS SVCS DIV

2025 MAY -5 P 3: 06

|                                                                                                                                                                                                         |  |                                                                                                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>000096050</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Virginia Land Associates, LLC</b>            |                    |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                   |                    |
| 6. Principal Office Address<br><b>399 Narrow Lane</b>                                                                                                                                                   |  | City<br><b>Greene</b>                                                                             | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02827</b>                                                                               |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                   |                    |
| Contact Name<br><b>Stephen Siener</b>                                                                                                                                                                   |  | Contact Title<br><b>Manager</b>                                                                   |                    |
| Street Address<br><b>399 Narrow Lane</b>                                                                                                                                                                |  | City<br><b>Greene</b>                                                                             | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02827</b>                                                                               |                    |
| 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<br><b>Stephen Siener</b>                                                                                                                                                      |  | Date<br><b>X 4/30/2025</b>                                                                        |                    |
| Signature of Authorized Person<br><b>X</b>                                                                                                                                                              |  |                                                                                                   |                    |

**FILED**

**MAY 05 2025**

**BY 1005**

**AA**

**MAIL TO:**

**Division of Business Services**

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