

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company				
125459	PLEASA	NT VALLEY, LLC	,			
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	LAND D	LAND DEVELOPMENT				
5. Principal office address 117 Camden Road	•		City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:		
Contact Name Anthony J. Fiore	re		Contact Title Manager			
Street Address 117 Camden Road	d		City Narragansett	State RI	Zip 02882	
("X" BOX FOR ATTACHM		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Anthony J. Fiore			Manager Name			
Street Address 117 Camden Road			Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH						
This information is currently	y of record in the	e Office of the Secret	ary of State. Changes require fl	ling Form 642.	· · · · · · · · · · · · · · · · · · ·	

FILED

AUG 1 5 2013

FileDate	this report, including an	, I declare and affirm that I have examined y accompanying schedules and statements,
Check No.	and that all statements of	contained herein are true and correct.
By:	Signatürg of Aughtorized Po Anthony J. Fiore	erson / Dáte
	Print or Type Name of Aut	horized Person

Form No. 632 Revised: 01/2012