

## 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 2015

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.	<b>I</b>	Exact name of the limited liability company     VEL Lenders, LLC						
550710								
3. State of Formation	I	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Real Est	Real Estate						
5. Principal office address One Wellington Roa				State RI	Zip <b>02865</b>			
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:				
Contact Name Kevin M. Daley, Esq			Contact Title Attorney					
Street Address 1383 Warwick Avenue			City <b>Warwick</b>	State RI	Zip <b>02888</b>			
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address	ddress				
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	HODE ISLAND			I	I			
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes requi	re filing Form 642.	,			

File Date BY_	NOV 2 7 2015	Under penalty of perjury, I declare and affire this report, including any accompanying so and that all statements contained herein are	hedules and statements,	
Check No				
By:		Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Len Gemma		
FUR SECRETARY OF STATE USE UNLY		Print or Type Name of Authorized Person		

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Form No. 632 Revised: 01/2012