



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3046

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b)(7c)) is subject to a penalty fee of \$25.00.*

1. ID No. 121388	2. Exact name of the limited liability company SANDY BOTTOM PROPERTIES, LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE
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5. Principal office address 65 SANDY BOTTOM ROAD	City COVENTRY	State RI	Zip 02816
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## 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name LEO R. BLAIS	Contact Title MEMBER
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Street Address 65 SANDY BOTTOM ROAD	City COVENTRY	State RI	Zip 02816
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## 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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## 8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

*This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

121388

File Date	<b>FILED</b>
Check No.	SEP 18 2008
By	By <u>1066</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person <u>[Signature]</u>	Date 9/14/08
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LEO R. BLAIS

Print or Type Name of Authorized Person