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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
151604	SOS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	MAINTAIN ACQUIRE MANAGE AND DEVELOP REAL ESTATE

5. Principal office address	City	State	Zip
28 SUMMER STREET	PAWTUCKET	RI	02860

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
SHARON OLEKSIAK-WEINBERG	

Street Address	City	State	Zip
28 SUMMER STREET	PAWTUCKET	RI	02860

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	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
KARENANN MCLOUGHLIN			
Address		City	Zip
144 MEDWAY STREET		PROVIDENCE	02906

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

151604

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.

Sharon O. Weinberg
Signature of Authorized Person *Date*

SHARON O. WEINBERG
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 06 2008
By: By 1014
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07