



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
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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

1. ID No. 113061		2. Exact name of the limited liability company S-BNK Barrington, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate	
5. Principal office address 10104 Empyrean Way # 203		City L.A.	State CA
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Milly Kaygen		Contact Title Secretary	
Street Address 10104 Empyrean Way # 203		City L.A.	State CA
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) <input type="checkbox"/>			
Manager Name Robert Kaygen		Manager Name Milly Kaygen	
Street Address 10104 Empyrean Way # 203		Street Address 10104 Empyrean Way # 203	
City L.A.	State CA	City LA	State CA
Zip 90067	Zip 90067	Zip 90067	Zip 90067
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
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			

Registered Agent:
CT Corporation System
155 South Main St., suite 301
Providence, RI 02903

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

FILED

File Date **SEP 17 2009**

Check No. **By 137**

By: _____

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.

Milly Kaygen 9-13-09
Signature of Authorized Person Date

Milly Kaygen 9-13-09
Print or Type Name of Authorized Person