RI SOS Filing Number: 200952300090 Date: 10/05/2009 4:00 PM

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 2009

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		
127877	S & P HOLDING, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	HOLD REAL STATE		
5. Principal office address	City	State	Zip
43 WEST RIVER STREET	SEEKONK	MA	02771

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

Contact Name	Contact Title		
SCOTT POISSON	MANAGER		
Street Address	City	State	Zip
43 WEST RIVER STREET	SEEKONK	MA	02771

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		
SCOTT POISSON			PAUL BANDILLI		
Street Address			Street Address		
43 WEST RIVER STREET			33 KNIGHT ROAD		
City	State	Zip	City	State	Zip
SEEKONK	MA	02771	ATTLEBORO	MA	02703
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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	
VINCENT J. MITCHELL, ESQ	303 JEFFERSON BLVD	
Address	City	Zip
	WARWICK, RI	02888

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

[redacted] 127877 [redacted]

File Date	10-5-09
Check No.	1840
By:	MNC

FOR SECRETARY OF STATE USE ONLY
38874-53-436589

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.

Paul Bandilli 9/25/09
Signature of Authorized Person *Date*

[redacted]

Print or Type Name of Authorized Person

Form 632 Rev. 07/07