



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. 127877		2. Exact name of the limited liability company S & P HOLDING, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLD REAL STATE			
5. Principal office address 43 WEST RIVER STREET		City SEEKONK	State MA	Zip 02771	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SCOTT POISSON			Contact Title MANAGER		
Street Address 43 WEST RIVER STREET		City SEEKONK	State MA	Zip 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 SCOTT POISSON			Manager Name PAUL BANDILLI		
Street Address 43 WEST RIVER STREET		Street Address 33 KNIGHT ROAD			
City SEEKONK	State MA	Zip 02771	City ATTLEBORO	State MA	Zip 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 VINCENT J. MITCHELL, ESQ			Address 303 JEFFERSON BLVD		
Address		City WARWICK, RI		Zip 02888	

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

127877

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

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

Print or Type Name of Authorized Person