

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 98664	2. Exact name of	the limited liability of	mpany SSC			
3. State of Formation	Brief description	n of the character of	business conducted in Rhoo	ie Island		
OT	l —			Jo Iolairo		
K 1	Keal Esto	ite Compo	my			
5. Principal office address 1632 Kingstown Rd			Pence Dale	State RI	Zip 02879	
	ED LIABILITY CO	MPANY AND NAM	E OR TITLE OF CONTACT I	PERSON:		
Contact Name Jeffrey Bu	cKley		Contact Title	Owner		
Street Address 21 Watch Hill Rd			westerly	State Rエ	02891	
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT	ES AND ADDRESS	SES) OF THE LIMIT	FED LIABILITY COMPANY, I	F APPLICABLE - DO NO	T LIST MEMBERS	
Manager Name Jeffrey Buckley			Manager Name	Manager Name		
Street Address 21 Watch Hill Rd			Street Address	Street Address		
	State RI	Zip 02891	City	State	Zip	
Manager Name Westerly			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE	ISLAND					
This information is currently of	record in the Offi	ce of the Secretary	of State. Changes require	filing Form 642.	20	
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File Date 5-22-2012

Check No 1472

By: Aughlande July Building

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.

5-22-20|2
Signalura of July orized Person

Date

Print or Type Name of Authorized Person