**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 2011

**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. 506750 | 2. Exact name of the limited liability company: Dollars & Sense LLC | | | |
| 3. State of Formation: RI | 4. Brief description of the character of business conducted in Rhode Island: Dollar Store Retail | | | |
| 5. Principal office address: 9 Cedar Swamp Rd | City: Smithfield | State: RI | Zip: 02917 | |
| **6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:** | | | | |
| Contact Name: Linda C. Sturtevant | Contact Title: President | | | |
| Street Address: 5 Tunmore Rd. | City: Greenville | State: RI | Zip: 02828 | |
| **7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)** ☐ | | | | |
| Manager Name: Linda C. Sturtevant | Manager Name: | | | |
| Street Address: 5 Tunmore Road | Street Address: | | | |
| City: Greenville | State: RI | Zip: 02828 | City: | State: | Zip: |
| Manager Name: | Manager Name: | | | |
| Street Address: | Street Address: | | | |
| City: | State: | Zip: | City: | State: | Zip: |
| **8. RESIDENT AGENT IN RHODE ISLAND** | | | | |
| **This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.** | | | | |

**FILED**

JUN 07 2012

8636

**File Date** _____

**Check No** _____

**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.**

Linda C. Sturtevant 5/30/12
Signature of Authorized Person Date

Linda C. Sturtevant
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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