



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 2012

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. 111864		2. Exact name of the limited liability company SALVATORE ENTERTAINMENT LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. Principal office address 36 GREENWOOD LANE		City LINCOLN		State RI	Zip 02865
6. ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF ONLY ONE PERSONS					
Contact Name LUCILLE SANTORO		Contact Title MEMBER			
Street Address P.O. BOX 40222		City PROV		State RI	Zip 02940
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS (ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

File On: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
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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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person