



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report 2012**

Filing Period: September 1 - November 1

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.

**ANNUAL REPORT YEAR:** 2012

**1. ID No.** 000113059

**2. Exact Name of the Limited Liability Company** S-BNK Cumberland, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REAL ESTATE

**5. Principal Office Address**

No. and Street: 310 BROAD STREET

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 340 ROYAL POINCIANA WAY SUITE 305

City or Town: PALM BEACH

State: FL Zip: 33480 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Name        | FILED       | Address   |
|-------------|-------------|---|
| SIDNEY KOHL | SEP 13 2012 | Address, City or Town, State, Zip Code, Country<br>340 ROYAL POINCIANA WAY SUITE 305<br>PALM BEACH, FL 33480- USA |

BY 20003104

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE, RI 02903

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: moira bertrand

Business Name: skco

No. and Street: 340 royal poinciana way  
ste 305

City or Town: palm beach

State: fl

Zip: 33480

Country: us

Contact Phone: 5618334211 ext:

Contact Email: esko@eskohl.com

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**

**Signed this 24 Day of August, 2012 at 1:28:00 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By sidney kohl

Signature of Authorized Person

**FILED**

**SEP 13 2012**

**BY** 113059

Form No. 632  
Revised 09/07