

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. 154522		2. Exact name of the limited liability company SAKONNET INVESTMENTS, LLC				
3. State of Formation RHODE ISLAND	INVEST	Brief description of the character of business conducted in Rhode Island INVESTMENTS				
5. Principal office address 90 MACOMBER LANE			City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRES	S OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	RSON:		
Contact Name KEVIN MCAULIFFE			Contact Title MEMBER			
Street Address 90 MACOMBER LANE			City PORTSMOUTH	State RI	Zip 02871	
7. LIST <u>ALL</u> MANAG ("X" BOX FOR AT	ERS (NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
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	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
This information is c	urrently of record in th	e Office of the Sec	retary of State. Changes require fili	ng Form 642.		

FILED

OCT 11 2012

File Date
Check No
By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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

10/18/12 Date

Kevin McAuliffe

Print or Type Name of Authorized Person