

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 2013

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.	2. Exact name of the limited liability company						
788023	SALVATORE AND SONS, LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island Hold, own, buy, sell or pledge real estate.						
5. Principal office address			City	State	Zip		
122 North River Dr.			Narragan	sett RI		02822	
6. MAILING ADDRESS OF LIM	TED LIABILT	TY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	• • • • • • • • • • • • • • • • • • • •		
Contact Name Anthony Salvatore			Contact Title				
Street Address			City	State	Zip		
122 North River Dr.			Narragan	sett RT		02822	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN	IES AND ADD	DRESSES) OF THE LIM	HTED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST		
Manager Name Anthony SalvAT	ORE		Manager Name				
Street Address			Street Address	Street Address			
122 North Rive							
City	State	Zip	City	State	Zip		
<u>Narragansett</u>	RI	02822					
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODI							
This information is currently of	record in the	e Office of the Secreta	ry of State. Changes require	filing Form 642.			

		Under penalty of perjory Lecture and affirm	that I have examined
File Date	FILED	this report, including any accompanying sch and that all statements contained hereic are	redules and statements,
Check No	AUG 2 2 2013	ATOM	
Ву:	AUU Z Z ZUI3	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ON SY	25/2	ANTHONY SALVATORE Print or Type Name of Authorized Person	8-21-13

Form No. 632 Revised: 01/2012