



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.

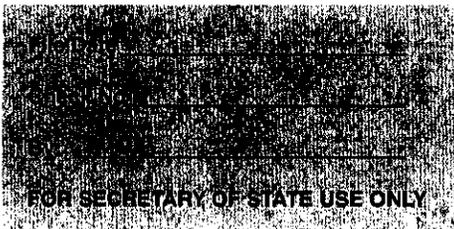
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>85509</b>		2. Exact name of the limited liability company <b>LARK S &amp; S, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase, Sale, Lease and Realty</b>			
5. Principal office address <b>15 LARK INDUSTRIAL PARKWAY</b>		City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	
<b>CONTACT INFORMATION FOR LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON</b>					
Contact Name			Contact Title		
Street Address <b>15 LARK INDUSTRIAL PARKWAY</b>		City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b>					
OR ATTACHMENT <input type="checkbox"/>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

NOV 07 2013

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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.

*Salvatore Scetta, Jr.*  
 Signature of Authorized Person 11-4-13  
 Date  
**SALVATORE SCETTA, JR.**  
 Print or Type Name of Authorized Person