

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

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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 liabilit	y company			
11378/	SAN	DY POIN	OT VILLAGE, A	110		
3. State of Formation	1 —		r of business conducted in Rhode Islan	nd		
RHOSE ISLAND	KEAL	ESMIE				
	min Bit	Ъ	City	State	Zip 02842_	
	ITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT PERSO	DN:		
Contact Name ROBERT J. KIELBASA			Contact Title MEMBER			
Street Address 1272 WEST MAIN ROAD			MADDLETOWN	State	02842	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHMEN		ESSES) OF THE LI	MITED LIABILITY COMPANY, IF APP	LICABLE - <u>DO</u> I	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Sirver Nucleus			Oli est Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHOD	E ISLAND					
This information is currently o	f record in the O	ffice of the Secret	ary of State. Changes require filing f	orm 642.		
		FILED				
	`V	JAN 3 0 20 2422	•			
File Date			Under penalty of perjury, I of this report, including any and that all statements con	ccompanying s	chedules and statements,	
Ву:			Signature of Authorized Person		Øate /	
FOR SECRETARY OF STATE	USE ONLY		Print or Type Name of Author	K/EZ/S/) ized Person	LSA.	
Form No. 622					•	

Form No. 632 Revised: 01/2012