

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 2014

Filling 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 nar	2. Exact name of the limited liability company					
117781	SJS Ass	SJS Associates, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real est	Real estate management.					
5. Principal office address 4 Franklin Street			City Bristol	State RI	Zip 02809		
6: MAILING ADDRESS OF LIMITED LIABILITY/COMPANY AND NA Contact Name Stephan Brigidi			MEORITILE OF CONTACT PERSON: Contact Title Manager				
Street Address 4 Franklin Street	eet		City Bristol	State RI	Zip 02809		
7. LIST <u>ALL:</u> MANAGERS ("X" BOX FOR ATTACH!	NAMES AND ADD	RESSES) OF THE LIM	IITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO 1</u>	NOT LIST MEMBERS		
Manager Name Stephan Brigidi			Manager Name Julia Brigidi				
Street Address 4 Franklin Street			Street Address 4 Franklin Street				
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RI					<u> </u>		
This information is current	ly of record in the	a Office of the Secreta	ry of State. Changes require	filing Form 642.			

FILED

SEP 2 4 2014

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File Date	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.		
Check No	12 Ten 5/2/1	4	
Bv:	Bignature of Authorized Person Date	/	
FOR SECRETARY OF STATE USE ONLY	Stephan Brigidi, Manager		
FUH SECHEIAHTEUF STATE USE UNLT	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012