

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

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. 487860		2. Exact name of the limited liability company SANDYWOODS LAND TRUST, LLC					
3. State of Formation RHODE ISLAND	To engag	4. Brief description of the character of business conducted in Rhode Island To engage in real estate business, including without limitation, buying, selling, construction, owning, dealing, agricultural and open space					
5. Principal office address 50 WASHINGTON SQUARE			City NEWPORT	State RI	Zip 02840		
6, MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT F	ERSON:			
Contact Name STEPHEN P. OSTIGUY			Contact Title EXECUTIVE DIRECTOR/MANAGER				
Street Address 50 WASHINGTON SQUARE			City NEWPORT	State RI	Zip 02840		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name		L	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F		_					
This information is curre	ntly of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.			

FILED

OCT 0 6 2014

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	Mydle	10-2-201	
By:	Signature of Authorized Person	Date	
	STEPHEN P. OSTIGUY		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012