

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.	2. Exact na	2. Exact name of the limited liability company						
875200	SAK	SAM-Dec 22C						
3. State of Formation	4. Brief des	cription of the chara	acter of business conducted in RI	node Island				
RI	60		RELATIONS		19			
5. Principal office address 1 H DAWICIIR AUR 5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THE PROPERTY A			MESTER	State	Zip 02891			
Contact Name	22 OF CIMITED CIABILIT	Y COMPANY AND		T PERSON:	especial de la company			
HENRY BOENIGER Street Address			Contact Title	PRES				
14 DAN	ielle Ave		City	State RI	Zip 02691			
7. LIST ALL MANAGE ("X" BOX FOR AT	GERS (NAMES AND ADD TACHMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT	IN RHODE ISLAND	je en tel						
This information is c	urrently of record in the	Office of the Secr	retary of State. Changes requir	e filing Form 642.				

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SECRETARY OF STATE CORPORATIONS DIV

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

/*0/14/14* Date

Print or Type Name of Authorized Person

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