

## 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.

563382	Sandca	ame of the limited liabi	, ••		
State of Formation	4. Brief de Sales, i	scription of the charact	er of business conducted in Rhoo ompletion of new homes	de Island and home addit	ions of all kinds
5. Principal office address 600 Plain Street			City <b>Marshfield</b>	State MA	Zip <b>02050</b>
ontact Name Paul Townsend	and the second s		Contact Title Member		
treet Address 600 Plain Street			City <b>Marshfield</b>	State MA	Zip <b>02050</b>
<b>HEIGHNA</b>		DESCRIPTION OF THE U	CORRECT SECURITY SECONDS (	Aprile Carte Co.	
Manager Name Paul Townsend			Manager Name		
treet Address 600 Plain Street			Street Address		
ty flarshfield	State MA	Zip <b>02050</b>	City	State	Zip
anager Name			Manager Name		
reet Address			Street Address		
у	State	Zip	City	State	Zip
		1		l	ł

**FILED** 

OCT 1 S 2014

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

Date

**Paul Townsend** 

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012