



**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.<br><b>151604</b>                                                                                 |       | 2. Exact name of the limited liability company<br><b>SOS, LLC</b>                                                                        |      |                    |                     |
| 3. State of Formation<br><b>RI</b>                                                                                |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Maintain, acquire, manage, and develop real estate</b> |      |                    |                     |
| 5. Principal office address<br><b>28 Summer Street</b>                                                            |       | City<br><b>Pawtucket</b>                                                                                                                 |      | State<br><b>RI</b> | Zip<br><b>02806</b> |
| Contact Name<br><b>Sharon Oleksiak</b>                                                                            |       | Contact Title<br><b>Member</b>                                                                                                           |      |                    |                     |
| Street Address<br><b>6 Barnes Street</b>                                                                          |       | City<br><b>Providence</b>                                                                                                                |      | State<br><b>RI</b> | Zip<br><b>02906</b> |
| List the names and addresses of the limited liability company, if applicable. Do not list members or managers.    |       |                                                                                                                                          |      |                    |                     |
| Manager Name                                                                                                      |       | Manager Name                                                                                                                             |      |                    |                     |
| Street Address                                                                                                    |       | Street Address                                                                                                                           |      |                    |                     |
| City                                                                                                              | State | Zip                                                                                                                                      | City | State              | Zip                 |
| Manager Name                                                                                                      |       | Manager Name                                                                                                                             |      |                    |                     |
| Street Address                                                                                                    |       | Street Address                                                                                                                           |      |                    |                     |
| City                                                                                                              | State | Zip                                                                                                                                      | City | State              | Zip                 |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |       |                                                                                                                                          |      |                    |                     |

**FILED**

**OCT 16 2014**

**BY**

**2015**

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

**Sharon Oleksiak**

Print or Type Name of Authorized Person