



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>788023</b>   |                    | 2. Exact name of the limited liability company<br><b>SALVATORE AND SONS, LLC</b>  |                             |                     |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>hold, own, buy, sell and pledge real estate</b> |                             |                     |                     |
| 5. Principal office address<br><b>122 North River Drive</b>   |                    | City<br><b>Narragansett</b>   | State<br><b>RI</b>          | Zip<br><b>02822</b> |                     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |                    |   |                             |                     |                     |
| Contact Name<br><b>Antonio Salvatore</b>  |                    | Contact Title<br><b>MANAGER</b>   |                             |                     |                     |
| Street Address<br><b>122 North River Drive</b>  |                    | City<br><b>Narragansett</b>   | State<br><b>RI</b>          | Zip<br><b>02822</b> |                     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |   |                             |                     |                     |
| Manager Name<br><b>Antonio Salvatore</b>  |                    | Manager Name<br><b>MARGUERITE SALVATORE</b>   |                             |                     |                     |
| Street Address<br><b>122 North River Drive</b>  |                    | Street Address<br><b>122 NORTH RIVER DRIVE</b>  |                             |                     |                     |
| City<br><b>Narragansett</b>   | State<br><b>RI</b> | Zip<br><b>02822</b>   | City<br><b>NARRAGANSETT</b> | State<br><b>RI</b>  | Zip<br><b>02822</b> |
| Manager Name  |                    | Manager Name  |                             |                     |                     |
| Street Address  |                    | Street Address  |                             |                     |                     |
| City  | State              | Zip   | City                        | State               | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |                    |   |                             |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |                    |   |                             |                     |                     |

**FILED**

**DEC 31 2014**

File Date

BY 11/6/14

Check No

By:

**FOR SECRETARY OF STATE USE ONLY**

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]*

Signature of Authorized Person

12-1-14  
Date

**ANTONIO SALVATORE**

Print or Type Name of Authorized Person