



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. 788023		2. Exact name of the limited liability company SALVATORE AND SONS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island hold, own, buy, sell and pledge real estate			
5. Principal office address 122 North River Drive		City Narragansett	State RI	Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Antonio Salvatore		Contact Title MANAGER			
Street Address 122 North River Drive		City Narragansett	State RI	Zip 02822	
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"/>					
Manager Name Antonio Salvatore		Manager Name MARGUERITE SALVATORE			
Street Address 122 North River Drive		Street Address 122 NORTH RIVER DRIVE			
City Narragansett	State RI	Zip 02822	City NARRAGANSETT	State RI	Zip 02822
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
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] 12-1-14
 Signature of Authorized Person Date

ANTONIO SALVATORE

Print or Type Name of Authorized Person