

## 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.

Filling 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						
875132	SG Hold	lings, LLC						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Owners	hip of real estate	of real estate					
5. Principal office address c/o St. George's School, 372 Purgatory Road			City Middletown	State RI	Zip <b>02842</b>			
6#MAILING/ADDRESS OF	LIMITED HABILI	TY COMPANY AND N	AME OR TITLE OF GONTAGT P	ERSON:				
Contact Name Elizabeth F. McGrati	h		Contact Title Director of Financ	dietown RI 02842  EOE-GONTACT RESSON: ct Title ctor of Finance of Member  dietown State RI 02842  LITY COMPANY, IF APPLICABLE - DO NOT LIST ME  ger Name  Address  State Zip 02842				
Street Address c/o St. George's Sch	nool, 372 Purg	atory Road	City Middletown					
7. LIST ALL MANAGERS ( "X" BOX FOR ATTACH	NAMES AND ADD MENT) []	DRESSES) OF THE LI	MITEO LIABILITY COMPANY, II	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS			
Manager Name None	The state of the s	<u>and and the second sec</u>	ITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST N  Manager Name  Street Address					
Street Address			Street Address					
City	State	Zip	City	State	Zíp			
Manager Name			Manager Name	State RI Zip 0284 REBSON:  Ce of Member  State RI Zip 0284 FAPPLICABLE DO NOT LIST:  State Zip  State Zip				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RI	ODE ISLAND	Positivating partition of the second of the		97-99/4024-0.1 U.S				
This information is current	ly of record in the	Office of the Secret	ary of State. Changes require f	lling Form 642.	<u>or manga kabupatèn sa kereng menggapan Agambah keren</u>			

## FILED

Flie Date	MAR <b>30</b> 2015 152]	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  Elizabeth F. McGrath, Director of Finance of Member		
		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012