



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 **2015**

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. 133692 | | 2. Exact name of the limited liability company SNS Realty, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Realty holding company | | | |
| 5. Principal office address 115 Ricard Street - PO Box 1109 397 Cass Avenue | | City Woonsocket | | State RI | Zip 02895 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name David J. Glashow | | Contact Title Manager | | | |
| Street Address 115 Ricard Street - PO Box 1109 397 Cass Avenue | | City Woonsocket | | State RI | Zip 02895 |
| 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 David J. Glashow | | Manager Name | | | |
| Street Address 115 Ricard Street - PO Box 1109 397 Cass Avenue | | Street Address | | | |
| City Woonsocket | State RI | Zip 02895 | City | State | Zip |
| 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

SEP 30 2015

BY 4782

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

David J. Glashow

Print or Type Name of Authorized Person

Date

9/16/15

File Date _____

Check No _____

By: _____

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