



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**

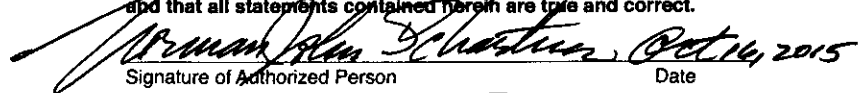
Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>00066243</b>		2. Exact name of the limited liability company <b>S AND S CAPITAL LLC</b>			
3. State of Formation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>INVESTMENT</b>			
5. Principal office address <b>ONE SCHARTNER PLACE SUITE B</b>		City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>NORMAN JOHN SCHARTNER</b>			Contact Title <b>OWNER</b>		
Street Address <b>ONE SCHARTNER PLACE SUITE B</b>		City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</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"/>					
Manager Name <b>NORMAN JOHN SCHARTNER</b>		Manager Name			
Street Address <b>ONE SCHARTNER PLACE</b>		Street Address			
City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>	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.					

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2015 OCT 19 AM 11:49

**FILED**  
 OCT 19 2015  
 By 258759  
A.A.

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 therein are true and correct.

  
 Signature of Authorized Person Date  
**Oct 14, 2015**  
**NORMAN JOHN SCHARTNER**  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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