



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. <u>128094</u>	2. Exact name of the limited liability company <u>SANDALWOOD PROPERTIES LLC</u>			
3. State of Formation <u>R.I.</u>	4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. Principal office address <u>P.O. Box 928</u>		City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name <u>DAVID GIULIANO</u>		Contact Title <u>MANAGER</u>		
Street Address <u>665 Boston Neck Rd</u>		City <u>NATTAHANSETT</u>	State <u>RI</u>	Zip <u>02882</u>
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 <u>DAVID GIULIANO</u>		Manager Name		
Street Address <u>P.O. Box 928</u>		Street Address		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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.				

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		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State

File Date _____
Check No. _____
By _____
For _____

FILED

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.

OCT 19 2015

Signature of Authorized Person

Date

Print or Type Name of Authorized Person