

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

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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.	2. Exact na	2. Exact name of the limited liability company						
691819	SJL Rea	SJL Realty-8 Narragansett Court, LLC						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
RI	Real est	Real estate holdings.						
5. Principal office address 35 Sockanosset Crossroads		City Cranston	State Ri	Zip 02920				
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	ling 2			
Contact Name Salvatore J. Loporc	hio		Contact Title Member					
Street Address 35 Sockanosset Cro	eet Address 5 Sockanosset Crossroads		City Cranston	State RI	Zip 02920			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) []	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS			
Manager Name		Manager Name						
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	HODE ISLAND							
This information is curren	tly of record in th	e Office of the Secr	etary of State. Changes require		·			

File Date	OCT 1 9 2015	Under penalty of perjury, I declare and affirm the this report, including any accompanying scheduland that all statements contained herein are true	es and statements,
Check No.	001.5	- Jaluary Forpurasm	10,1.15
By:	d(1434	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Salvatore J. Loporchio	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012