

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

2015

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 144873	2 Sands and of the limited diability company					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island		Own and manage real estate property				
5. Principal office address P. O. Box 1862			City Block Island	State RI	02807	
s. MALING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:		
Contact Name Robert H. Bolton			Contact Title Managing Member			
Street Address 29 Creskill Place			City Huntington	State	^Z 19743	
7. LIST ALL MANAGERS (("X" BOX FOR ATTACH		RESSES) OF THE LI	WITED LIABILITY COMPANY, #	APPLICABLE - <u>DO</u>	NOT LIST MEMBER	
Manager Name Robert H. Bolton			Manager Name			
Street Address 29 Creskill Place	t Address I Creskill Place			Street Address		
City Huntington	State	^{Zip} 1743	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN R	HODE ISLAND		· ·			

FILED

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	Under penalty of perjury, I declare and affirm that I have examined		
File Date	this report, including any accompanying sch		
	and that all statements contained herein are	true and correct.	
Check No	Pohent of SAUL	~ 10/8/15	
Bv: 2 ⁻¹	Signature of Authorized Person	Date	
	Robert H. Bolton		
FOR SECRETARY OF STATE USE ONLY			

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012