

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. Entity ID No.	2. Exact na	2. Exact name of the limited liability company						
148860	Sas Pro	Sas Properties LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Buying,	Buying, renovating, leasing, rental, selling and development of real estate.						
5. Principal office address 67 Annie Street	<u> </u>	- Ang	City Pawtucket	State Ri	Zip 02860			
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT (PERSON:				
Contact Name Thomas Leonard			Contact Title					
Street Address P. O. Box 16512	6512		City Rumford	State RI	^{Zip} 02 916			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS			
Vanager Name Thomas Leonard			Manager Name					
Street Address 67 Annie Street			Street Address					
City Pawtucket	State RI	⁷ 02860	City	State	Zip			
Manager Name	<u> </u>		Manager Name	<u> </u>				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
B. RESIDENT AGENT IN F	RHODE ISLAND							
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.				

File Date Check No By: FOR SECRETARY OF STATE USE ONLY	NOV 20 2015 475 DS	Under penalty of perjury, I declare and affirm this report, including any accompanying sche and that all statements contained herein are the signature of Authorized Person Thomas Leonard	dules and statements
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012