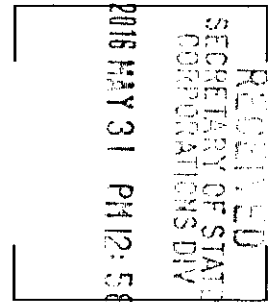




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
329458		S.A.P. Woodworks, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		Construction			
5. Principal Office Address		City	State	Zip	
46 Smallpox Trail		West Kingston	RI	02892	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Tricia Fiore		CPA			
Street Address		City	State	Zip	
56 Sherwood Drive		Westerly	RI	02891	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
SCOTT A. PARMAN					
Street Address		Street Address			
334 Shumankanec Hill Road					
City	State	Zip	City	State	Zip
Charlestown	RI	02817			
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Tricia Fiore				05/27/2016	
Signature of Authorized Person					
<i>Tricia Fiore</i> SIGN DOCUMENT					

1:01

FILED

MAY 31 2016

BY *[Signature]* 275685