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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY 31 PM 12:58

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 **56 Sherwood Drive**	City **Westerly**	State **RI**	Zip **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 Shumankanuc Hill Road					
City	State	Zip	City	State	Zip
Charlestown	RI	02813			
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
Tricia Fiore SIGN DOCUMENT

1:01 **FILED**
MAY 31 2016
BY 275685

Form No. 632
Revised: 2016