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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

	T						
Entity ID Number	2. Exact name of the Limited Liability Company						
103939	SNC LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
	Investment Holding Company						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
47 Molter Street			Cranston	RI	02910		
7. Mailing Address of Limited Lia	bility Company	and Name or Titl	le of Contact Person				
Contact Name David D. Weisberg		Contact Title Vice President					
Street Address 47 Molter Street		City Cranston	State RI	^{Zip} 02910			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name David D. Weisberg		Manager Name					
Street Address 47 Molter Street		Street Address					
City Cranston	State RI	^{Zip} 02910	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		.		Check the box to in	dicate an attachment		
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of re	cord with the Department of S	tate. 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							
David D. Weisberg 9/16/16							
Signature of Authorized Person							
					<u> </u>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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