

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

2016 SEP 29 AM 10: 21

Annual Report for the year: 2011 **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

			December 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company Saab Properties LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53	•	ental			
5. State of Formation	7 16	_P(P(
6. Principal Office Address O BOY (05)			Me dhe le	State M 4	Zip 02052
7. Mailing Address of Limited L	iability Comp	pany and Name o	or Title of Contact Person		00072
contact Name Jell Hanson			Contact Title		
Street Address Po Box 105			city Med Seld	State M A	Zip 02052
8. List ALL managers (names a	and address	es) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
9. Resident Agent in Rhode Islar	nd. This inform	mation is currently	of record with the Department of Sta	te Changes require filing	Form C40
Under penalty of perjury, I dec statements, and that all staten	lare and an	irm that I have a	avamined this report including	g any accompanying	schedules and
Name of Authorized Person		med Herein are	u de and correct.	In-t-	
Jest Hanso	<u> </u>			Date 9/2	8/16
Signature of Authorized Person		SIGN	DOCUMENT HERE		

Division of Business Services

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

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

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