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.

| 1. Entity ID Number
141851 | 2. Exact name of the Limited Liability Company
SALTY AIR COTTAGE LLC | | | |
|---|---|---|---|---|
| 3. NAICS Code
53 - Real Estate and Rental and | 4. Brief description of the character of business conducted in Rhode Island
real estate holding | | | |
| 5. State of Formation
Rhode Island | | | | |

| 6. Principal Office Address
P.O. Box 1907 | City
East Greenwich | State
RI | Zip
02818 |
|---|---|---|---|

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Christine Redfern**	Contact Title **Manager**		
Street Address **P.O. Box 1907**	City **East Greenwich**	State **RI**	Zip **02818**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **Christine Redfern**			Manager Name **Don A. Kass**		
Street Address **P.O. Box 1907**			Street Address **P.O. Box 1907**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with 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
Christine Redfern | Date
September *16* , 2016 |
|---|---|
| Signature of Authorized Person
SIGN DOCUMENT HERE | |

FILED

OCT 0 5 2016

BY_____304_____

FORM 632 - Revised: 08/2016