State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					~
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Annual Panart for the ways 2 a 1 (
Annual Report for the year: 2016 Limited Liability Company					B 00 m 20
→ Filing period: September 1 - November 1					ω
→ Filing Fee: \$50.00					ಿ ಕ್ಷಾ
-> Penalty: Additional \$25.00 fee if form is not filed by December 1.					- OND
					ATE
1. Entity ID Number	2. Exact name of the Limited Liability Company				or 1
142293	SPRS Holdings, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
'))	Real Estate Holding Co				
5. State of Formation					
L_R1				O	
6. Principal Office Address			City	State	Zip
67 High ST.			Westerly	RI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name					
Steven T	Hartf	ord	Manager		
Street Address 6 7) 1. u.h ST.			City	State	Zip
		f the Limited Linki	Westerly	1 81	02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name					
Steven 7	r. Har	+ford	wonage Name		
Street Address 67 High ST. City State Zip Nester 1 02841			Street Address		
City State Zip			City	l con-	1=
Westerly	RI	02891	0,	State	Z ⁱ p
Manager Name			Manager Name		
Street Address			Street Address		
			Street Address		
City	State	Zip	City	State	Zip
<u></u>		<u> </u>			
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 and affirm that I have examined this report, including any and affirm that I have examined this report, including any and affirm that I have examined this report, including any and affirm that I have examined this report, including any and affirm that I have examined this report, including any and affirm that I have examined this report, including any any any any and affirm that I have examined this report, including any					
and correct.					
Name of Authorized Person Date					
Steven T Hartford 2-					-17
Signature of Authorized Person					
Steren J. M. SIGN DOCUMENT HERE					
W-41 F-17					

MAIL TO:

Division of Business Services

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

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

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