



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 1657593		2. Exact name of the Limited Liability Company WILLIAM A. SANTAGATA SEWCURITIES LLC			
3. NAICS Code 52 - Finance and Insura		4. Brief description of the character of business conducted in Rhode Island <i>Insurance</i>			
5. State of Formation RI					
6. Principal Office Address 29 ICE POND ROAD		City WESTERLY	State RI	Zip 02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOAN A. MCCORMICK			Contact Title TRUSTEE		
Street Address 29 ICE POND ROAD		City WESTERLY	State RI	Zip 02891	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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
Check the box to indicate an attachment <input type="checkbox"/>					
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 JOAN A. MCCORMICK				Date APRIL 19, 2017	
Signature of Authorized Person <i>Joan A. McCormick</i>		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

APR 24 2017

BY *1525*
[Signature]