State of Rhode Island at Department of St Annual Report for the year Limited Liability Compa Filing period: September Filing Fee: \$50.00 Penalty: Additional \$25.00	ear: 2016 ny 1 - November 1	ess Service	s Division		R.I. DEP LOF STATE	
1. Entity ID Number 000864309	2. Exact name of the Limited Liability Company Sandelswood LLC					
3. NAICS Code 81 - Other Services (excep	Brief description of the character of business conducted in Rhode Island Cleaning Service					
6. Principal Office Address			City	State	Zip	
149 Main St	<u> </u>		Medway	MA	02053	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Robert Goodliffe			Contact Title Member			
Street Address 149 Main Street			City Medway	State MA	^{Zip} 02053	
8. List ALL managers (names ar		the Limited Liab		CABLE - DO NOT LIST M	EMBERS	
Manager Name Robert Goodliffe			Manager Name			
Street Address 149 Main St			Street Address			
City Medway	State MA	^{Zip} 02053	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1		Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	nd. This informatio	n is currently of re	ecord with the Department o	f State. Changes require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all staten				iding any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Robert Goodliffe				08.11.20	08.11.2017	
Signature of Authorized Person	Good	SIGN DO	OCUMENT 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

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BY JO521

FORM 632 - Revised: 08/2016