°	itate of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River S Providence RI 0290	reet
HOPE	(401) 222-304	
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2017</u>	
1. ID No. <u>00013786</u>	9	
2. Exact Name of the Li	mited Liability Company <u>SN CON</u>	IMERCIAL, LLC
3. State of Formation		
State: <u>AK</u>		
	ARTICLE III	
	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Downloa online.
<u>531390</u>		
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
<u>TO PURCHASE, OWN</u>	AND HOLD COMMERCIAL LO	DANS
5. Principal Office Addre	SS	
	COURSEY BOULEVARD	
	<u>DING 2</u> IN ROUGE	State: <u>LA</u> Zip: <u>70817</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
Contact Name: Contact		
	<u>FIFTH STREET</u> <u>REKA</u> State: <u>C</u>	A Zip: <u>95501</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	^F Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
MANAGER	First, Middle, Last, Suffix SECURITY NATIONAL MASTER	Address, City or Town, State, Zip Code, Country
MANAGER	MANAGER, LLC	323 FIFTH STREET EUREKA, CA 95501- USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of September, 2017 at 10:24:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ROBIN P ARKLEY II</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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