| Si Si   | ate of Rhode Island and Pro<br>Office of the Secreta  |  | Fee: \$50.00  |
|---|---|--|---------------|
| HOPE  | Division Of Business<br>148 W. River St<br>Providence RI 0290<br>(401) 222-304                                | treet<br>)4-2615                                     |               |
| Limited Liability Comp<br>Annual Report<br>Filing Period: September 1 -     |   |  |               |
|   | 7-16-66(d), each limited liability comp<br>a thirty (30) days after the time presc<br>penalty fee of \$25.00. |  |               |
| ANNUAL REPORT YEAR:   | 2017  |  |               |
| <b>1. ID No.</b> <u>000419180</u>   |   |  |               |
| 2. Exact Name of the Lin  | nited Liability Company <u>SANSO</u>  | NE FAMILY REALTY LLC                                 |               |
| 3. State of Formation   |   |  |               |
| State: <u>RI</u>  |   |  |               |
|   | ARTICLE III   |  |               |
| -   | ode that best describes the primary information on <u>NAICS</u> can be found                                  | -  | ty. Download  |
| 4 Brief Description of the  | Character of the Business Which   | is Actually Conducted in Rh                          | ode Island    |
| 4. Bhei Besonption of the   |   |  |               |
| REAL ESTATE HOLDI   | NG COMPANY  |  |               |
| 5. Principal Office Addres  | S   |  |               |
|   | <u>HOPE STREET</u><br>STOL State: <u>R</u>  | <u>I</u> Zip: <u>02809</u> Countr                    | y: <u>USA</u> |
| 6. Mailing Address of Lin   | nited Liability Company and Name  | or Title of Contact Person:                          |               |
| Contact Name: Contact T<br>No. and Street: <u>617</u><br>City or Town: BRIS | HOPE STREET   | RI Zip: 02809 Count                                  | ry: USA       |
|   |   |  | <u> </u>      |
| DO NOT LIST MEMBER  | Each Manager of the Limited Liab<br>S   | inty company, ir Applicable.                         |               |
| Title   | Individual Name   | Address  |               |
| MANAGER   | First, Middle, Last, Suffix<br>AMELIA M SANSONE   | Address, City or Town, State, Zip C<br>617 HOPE STRE |               |
|   |   | BRISTOL, RI 02809 US                                 |               |

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

AMELIA M. SANSONE 617 HOPE STREET BRISTOL, RI 02809

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

**Signed this 13 Day of September, 2017 at 9:27:29 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 AMELIA SANSONE

Signature of Authorized Person

Form No. 632 Revised 09/07

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