RI SOS Filing Number: 201749821130 Date: 9/15/2017 4:00:00 PM

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Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is	not filed by Decer	mber 1.			-		
Entity ID Number	2. Exact name of the Limited Liability Company							
796552	SPRINGDALÉ ENTERPRISES, LLC							
3. NAICS Code 53110 5. State of Formation CT	4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY							
6. Principal Office Address			City		State	Zıp		
6 THORNDAL	L CIRCLE			DARIBU	CT	06820		
7. Mailing Address of Limited Lia	bility Compan	y and Name or Title	e of Con	tact Person				
Contact Name BERALD	LACT NAME BERALD NIELSEN, JR		Contact Title PRESIDENT					
Street Address 6 THORN			City	DARIEN	State	Zip 068 29		
8. List ALL managers (names a	nd addresses)	of the Limited Liab	ility Con	npany, IF APPLICABLE -	DO NOT LIST M	EMBERS		
Manager Name		_ 1	Manager Name					
Street Address	Iress .		Street Address					
City	State	Zip	City		State	Zip		
Manager Name		Manager Name						
Street Address			Street Address					
City	State	Zip	City	·	State	Zip		
	J	 	J	C	heck the box to in	dicate an attachment		
9. Resident Agent in Rhode Islan	nd. This informa	ation is currently of re	cord with	the Department of State. Cl	hanges require filing	Form 642.		
Under penalty of perjury, I dec statements, and that all staten	lare and affii nents contair	m that I have examed herein are true	mined ti e and co	his report, including an prrect.	y accompanying	schedules and		
Name of Authorized Person - ROBERT SALVE				Date 9/12/17				
Signature of Authorized Person		SIGN D	OCUME	NT 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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