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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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	2. Exact name of the Limited Liability Company		
000326128	**American Dream Savers, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**purchase and sale of real estate** #531110		
5. Principal Office Address	City	State	Zip
88 West Warwick Ave - Suite 5	**West Warwick**	**RI**	**02893**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Alan Otis	**Member**		
Street Address **88 West Warwick Ave - Suite 5**	City **West Warwick**	State **RI**	Zip **02893**

7. 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 ☐

8. Resident Agent in Rhode Island. This information is currently of record in 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	Date
Alan Otis	
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED 1:33
SEP 28 2017
BY 313604

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

FORM 632 - Revised: 05/2016