



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

STAMP

Annual Report for the year: 2011

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.

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1. Entity ID Number 000326128		2. Exact name of the Limited Liability Company American Dream Savers, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island purchase and sale of real estate #531110			
5. Principal Office Address 88 West Warwick Ave - Suite 5		City West Warwick		State RI	Zip 02893
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Alan Otis			Contact Title 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 Alan Otis				Date	
Signature of Authorized Person				SIGN DOCUMENT 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 **313604**