RI SOS Filing Number: 201751663690 Date: 10/16/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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 December 1.

| 1. Entity ID Number <b>875131</b>  | 2. Exact name of the Limited Liability Company S & D REALTY, LLC            |     |                      |          |                      |  |
|--|---|-----|----------------------|----------|----------------------|--|
|  | l <u></u>   |     |                      |          |                      |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |     |                      |          |                      |  |
| 331110   | HOLD AND DEVELOPMENT OF REAL ESTATE   |     |                      |          |                      |  |
| 5. State of Formation  |   |     |                      |          |                      |  |
| RI   |   |     |                      |          |                      |  |
| 6. Principal Office Address  |   |     | City                 | State    | Zip                  |  |
| 12 TALL PINES LANE   |   |     | SEEKONK              | MA       | 02771                |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                      |          |                      |  |
| Contact Name STEVEN M. DIPPOLITO   |   |     | Contact Title MEMBER |          |                      |  |
| Street Address 12 TALL PINES LANE  |   |     | City SEEKONK         | State MA | <sup>Zip</sup> 02771 |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |     |                      |          |                      |  |
| Manager Name NONE  |   |     | Manager Name None    |          |                      |  |
| Street Address   |   |     | Street Address       |          |                      |  |
| City   | State   | Zip | City                 | State    | Zip                  |  |
| Manager Name None  |   |     | Manager Name None    |          |                      |  |
| Street Address   |   |     | Street Address       |          |                      |  |
| City   | State   | Zip | City                 | State    | Zip                  |  |
| Check the box to indicate an attachment  |   |     |                      |          |                      |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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     |                      |  |
| STEVEN M. DIPPOLITO, MEMBER  |   |     |                      |          | 0/2/17               |  |
| 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

FORM 632 - Revised: 08/2017

TART