| | State of Rhode Island and Pr Office of the Secret | | NS Fee: \$50.0 |
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| | Division Of Busines | s Services | |
| | 148 W. River \$ | Street | |
| | Providence RI 029 | | |
| HOPE | (401) 222-30 |)4() | |
| Limited Liability Con Annual Report Filing Period: September | | | |
| | L. 7-16-66(d), each limited liability con hin thirty (30) days after the time pres a penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR | R: <u>2017</u> | | |
| 1. ID No. <u>0001137</u> | 81 | | |
| 2. Exact Name of the I | _imited Liability Company <u>SAND</u> | Y POINT VILLAGE, L | <u>.LC</u> |
| 3. State of Formation | | | |
| State: RI | | | |
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| | ARTICLE III | | |
| Enter the six digit NAICS the list of codes <u>here.</u> Mo | ARTICLE III Code that best describes the primary pre information on <u>NAICS</u> can be found | | the entity. Download |
| Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>531390</u> | Code that best describes the primary ore information on <u>NAICS</u> can be found | d online. | - |
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CAROL E. SACCUCCI, ESQ. 1350 WEST MAIN ROAD MIDDLETOWN, RI 02842

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

Signed this 6 Day of November, 2017 at 10:42:24 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 <u>ROBERT J KIELBASA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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