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SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL 1 1 PM 12: 09

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.

| 4.5.00 (0.0)  | To 5 .           |   | - 11111111                        |                                       | <u> </u>                    |      |  |
|---|------------------|---|-----------------------------------|---------------------------------------|-----------------------------|------|--|
| 1. Entity ID Number   | 2. Exact na      | 2. Exact name of the Limited Liability Company                              |                                   |                                       |                             |      |  |
| 1659829   |                  | SA Group LLC  |                                   |                                       |                             |      |  |
| 3 NAICS Code  | 4. Brief des     | 4. Brief description of the character of business conducted in Rhode Island |                                   |                                       |                             |      |  |
| 531110  | k                | Peal  | Estate                            |                                       |                             |      |  |
| 5. State of Formation   | 7                |   |                                   |                                       |                             |      |  |
| RI  |                  |   |                                   |                                       |                             |      |  |
| 6. Principal Office Address                                   |                  | -   | City                              | State                                 | Zıp                         |      |  |
| 188 Sar   | gest             | St  | Warwie                            | ck R                                  | I 07888                     |      |  |
| 7. Mailing Address of Limited L                               | iability Compa   | ny and Name   | e or Title of Contact Person      |                                       |                             |      |  |
| Contact Name Sqmve/ a/bc                                      |                  |   | Contact Title                     |                                       |                             |      |  |
| Street Address / 88 S   | 1 St             | City Warwi  | ck State                          | Z 287888                              |                             |      |  |
| 8. List ALL managers (names                                   | and addresses    | ) of the Limit  | led Liability Company, IF API     | PLICABLE - DO NOT                     |                             |      |  |
| Manager Name (  |                  |   | Manager Name                      | Manager Name                          |                             |      |  |
| Street Address  |                  |   | Street Address                    | Street Address                        |                             |      |  |
| City ,  | State _          | 7·n   | · _ City                          | State                                 | Zip                         |      |  |
| Manager Name  |                  |   | Manager Name                      | · · · · · · · · · · · · · · · · · · · |                             |      |  |
| Street Address  |                  |   | Street Address                    | Street Address                        |                             |      |  |
| City  | State            | Zip   | City                              | State                                 | Zip                         |      |  |
| <del></del>   | _ <u></u>        |   |                                   | Check the be                          | ox to indicate an attachmer | nt 🗌 |  |
| 9. Resident Agent in Rhode Isl                                | and. This inform | ation is curren   | itly of record with the Departmen | nt of State. Changes requ             | uire filing Form 642,       |      |  |
| Under penalty of perjury, I de statements, and that all state |                  |   |                                   | cluding any accomp                    | anying schedules and        |      |  |
| Name of Authorized Person                                     | alba             | in,   | Date 7/11 /18                     |                                       |                             |      |  |
| Signature of Authorized Person                                |                  | //  |                                   |                                       | <del></del>                 |      |  |
| //  | 7                |   | /                                 |                                       |                             |      |  |

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 Ca 334446