



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

**FILED**  
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 BY 14243

**Annual Report for the year: 2018**  
**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<br><b>118719</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Sago Properties, LLC</b>                     |                             |                         |                     |
| 3. NAICS Code<br><b>53110</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                             |                         |                     |
| 5. State of Formation<br><b>RI</b>  |       |   |                             |                         |                     |
| 6. Principal Office Address<br><b>1062 Reservoir Avenue</b>   |       |   | City<br><b>Cranston</b>     | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                         |                     |
| Contact Name <b>Manuel A. Gomez</b>   |       |   | Contact Title <b>Member</b> |                         |                     |
| Street Address <b>22 Lincoln Avenue</b>   |       |   | City <b>Cranston</b>        | State <b>RI</b>         | Zip <b>02920</b>    |
| 8. 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 <input type="checkbox"/>  |       |   |                             |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                             |                         |                     |
| <b>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.</b> |       |   |                             |                         |                     |
| Name of Authorized Person<br><b>Manuel E. Gomez</b>   |       |   |                             | Date<br><b>09/05/18</b> |                     |
| Signature of Authorized Person<br>  |       |   |                             |                         |                     |

**MAIL TO:**  
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