

SECRETARY OF STATE CORPORATIONS DIV SIAMP 2018 SEP 19 PM 2: 11 LEGRETAL FOR THE.

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 150944	2. Exact name of the Limited Liability Company Salina NH, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390	Acquire entity and/or various other interests, conduct all activates related, necessary or incidental thereto.					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
5 Cathedral Square			Providence	RI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Robert R. Gaudreau, Sr.			Contact Title			
Street Address 5 Cathedral Square			City Providence	State RI	Zip 02903	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Robert R. Gaudreau, Sr.			Manager Name			
Street Address 5 Cathedral Square			Street Address			
City Providence	State RI	Zıp 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	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	line	
Robert R. Gaudreau, Sr.				4/14	118	
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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