



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

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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 <b>000932629</b>		2. Exact name of the Limited Liability Company <b>Warwick Sandy LLC</b>			
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island To buy, own, hold, sell, assign, transfer, develop, operate, lease, manage, mortgage, pledge, and otherwise deal with real property, and any business permitted under the Act in furtherance thereof.			
5. State of Formation <b>New Jersey</b>					
6. Principal Office Address <b>1401 BROAD STREET</b>		City <b>CLIFTON</b>		State <b>NJ</b>	Zip <b>07013</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Jocelyn C. Beckman</b>			Contact Title <b>Director of Due Diligence</b>		
Street Address <b>1401 Broad Street</b>		City <b>Clifton</b>		State <b>NJ</b>	Zip <b>07013</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>MARC A PEREL</b>			Manager Name <b>Robert J. Ambrosi</b>		
Street Address <b>1401 BROAD STREET</b>			Street Address <b>1401 Broad Street</b>		
City <b>CLIFTON</b>	State <b>NJ</b>	Zip <b>07013</b>	City <b>Clifton</b>	State <b>NJ</b>	Zip <b>07013</b>
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.					
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 <b>Jocelyn C. Beckman</b>				Date <b>November 7, 2018</b>	
Signature of Authorized Person <i>Jocelyn C. Beckman</i>					

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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