	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304	0	
Limited Liability Col Annual Report Filing Period: September			
In accordance with R.I.G.	L. 7-16-66(d), each limited liability comp thin thirty (30) days after the time prescr		
ANNUAL REPORT YEAR	R : <u>2018</u>		
1. ID No. <u>0001602</u>	<u>58</u>		
2. Exact Name of the I	Limited Liability Company <u>SANTA</u>	<u>CIRCLE, LLC</u>	
3. State of Formation			
State: <u>FL</u>			
	ARTICLE III		
the list of codes here. Mo	S Code that best describes the primary long to the primary long on <u>NAICS</u> can be found to the found of the primary long to the found of the primary long to the prima		e entity. Download
0			e entity. Download
the list of codes <u>here.</u> Mo <u>531110</u>		online.	
the list of codes <u>here.</u> Mo <u>531110</u>	the Character of the Business Which	online.	
the list of codes <u>here.</u> Mo <u>531110</u> 4. Brief Description of t	the Character of the Business Which	online.	
the list of codes <u>here.</u> Mo <u>531110</u> 4. Brief Description of t <u>REAL ESTATE OWN</u> 5. Principal Office Addu No. and Street: <u>5</u>	the Character of the Business Which	is Actually Conducted i	
the list of codes <u>here.</u> Mo <u>531110</u> 4. Brief Description of t <u>REAL ESTATE OWN</u> 5. Principal Office Addu No. and Street: <u>5</u> City or Town: <u>J</u>	the Character of the Business Which ERSHIP SANTA CIRCLE	is Actually Conducted i Zip: <u>02919</u> Co	in Rhode Island
the list of codes here. Mo <u>531110</u> 4. Brief Description of t <u>REAL ESTATE OWN</u> 5. Principal Office Addu No. and Street: <u>5</u> City or Town: <u>Ju</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>5</u>	the Character of the Business Which ERSHIP ress SANTA CIRCLE OHNSTON State: RI Limited Liability Company and Name ct Title: SANTA CIRCLE	is Actually Conducted i Zip: <u>02919</u> Co	ountry: <u>USA</u>
the list of codes here. Mo <u>531110</u> 4. Brief Description of t <u>REAL ESTATE OWN</u> 5. Principal Office Adde No. and Street: <u>5</u> City or Town: <u>J</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>5</u>	the Character of the Business Which ERSHIP ress <u>SANTA CIRCLE</u> <u>OHNSTON</u> State: <u>RI</u> -imited Liability Company and Name ct Title:	is Actually Conducted i Zip: <u>02919</u> Co	in Rhode Island
the list of codes here. Mo <u>531110</u> 4. Brief Description of t <u>REAL ESTATE OWN</u> 5. Principal Office Address No. and Street: <u>5</u> City or Town: <u>Ju</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>5</u> City or Town: <u>Ju</u>	the Character of the Business Which ERSHIP ress SANTA CIRCLE OHNSTON State: RI Limited Liability Company and Name ext Title: SANTA CIRCLE DHNSTON State: RI OF Each Manager of the Limited Liab	is Actually Conducted i Zip: 02919 Compared of Contact Person Zip: 02919 Compared of Contact Person	ountry: <u>USA</u>
the list of codes here. Mo <u>531110</u> 4. Brief Description of the second	the Character of the Business Which ERSHIP ress SANTA CIRCLE OHNSTON State: RI Limited Liability Company and Name ext Title: SANTA CIRCLE DHNSTON State: RI OF Each Manager of the Limited Liab	is Actually Conducted i Zip: 02919 Compared of Contact Person Zip: 02919 Compared of Contact Person	in Rhode Island

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HERBERT SANTAGATA <u>5 SANTA CIRCLE</u> JOHNSTON, <u>RI</u> 02919

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

Signed this 16 Day of November, 2018 at 12:05:54 PM 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>HERBERT SANTAGATA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved