



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

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 SECRETARY OF BUSINESS
 CORPORATION DIVISION
 2019 JAN 28 PM 3:00

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 688903		2. Exact name of the Limited Liability Company Silver Springs Associates, LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Area 1 Estate Rental Property			
5. State of Formation Rhode Island					
6. Principal Office Address 1144D Curtis Corner Road			City Wakefield	State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael A. Succucci			Contact Title Manager		
Street Address 1144D Curtis Corner Rd.			City Wakefield	State RI	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael A. Succucci			Manager Name		
Street Address 1144 D Curtis Corner Rd			Street Address		
City Wakefield	State RI	Zip 02879	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.					
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 Michael A. Succucci				Date 1/24/19	
Signature of Authorized Person Michael Succucci					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 28 2019

BY WEG/RL
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