



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

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|--|--------------------|---|--------------------|
| 1. Entity ID Number <u>000662413</u> | | 2. Exact name of the Limited Liability Company <u>S AND S CAPITAL LLC</u> | |
| 3. NAICS Code <u>531390</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>PROSPECTIVE REAL ESTATE FUNDING</u> | |
| 5. State of Formation <u>RHODE ISLAND</u> | | | |
| 6. Principal Office Address <u>ONE SCHARTNER PLACE</u> | | City <u>EXETER</u> | State <u>RI</u> |
| | | Zip <u>02822</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>NORMAN JOHN SCHARTNER</u> | | Contact Title <u>MANAGER / OWNER</u> | |
| Street Address <u>ONE SCHARTNER PLACE SUITE B</u> | | City <u>EXETER</u> | State <u>RI</u> |
| | | Zip <u>02822</u> | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name <u>NORMAN JOHN SCHARTNER</u> | | Manager Name _____ | |
| Street Address <u>ONE SCHARTNER PLACE SUITE B</u> | | Street Address _____ | |
| City <u>EXETER</u> | State <u>RI</u> | City _____ | State _____ |
| Zip <u>02822</u> | | Zip _____ | |
| Manager Name _____ | | Manager Name _____ | |
| Street Address _____ | | Street Address _____ | |
| City _____ | State _____ | City _____ | State _____ |
| Zip _____ | | 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 <u>NORMAN JOHN SCHARTNER</u> | | Date <u>FEB 27, 2019</u> | |
| Signature of Authorized Person <u>Norman John Schartner</u> | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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