



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

**FILED**

SEP 05 2019

157

6/25/19

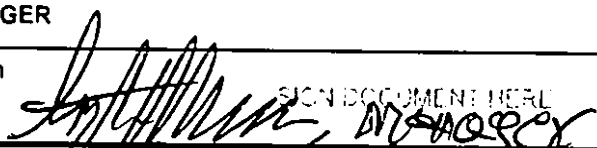
Annual Report for the year: **2019**

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>158954</b>		2. Exact name of the Limited Liability Company <b>S.D.M. PROPERTIES, LLC</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE, MANAGE, CONTROL, PURCHASE, SELL AND LEASE RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>130 TOWER HILL ROAD</b>		City <b>NORTH KINGSTOWN</b>		State <b>RI</b>	Zip <b>02852</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>STEPHEN D. MOSCA</b>			Contact Title <b>MANAGER</b>		
Street Address <b>130 TOWER HILL ROAD</b>		City <b>NORTH KINGSTOWN</b>		State <b>RI</b>	Zip <b>02852</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>STEPHEN D. MOSCA</b>			Manager Name		
Street Address <b>130 TOWER HILL ROAD</b>			Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	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.					
<i>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.</i>					
Name of Authorized Person <b>STEPHEN D. MOSCA, MANAGER</b>				Date <b>8/22/19</b>	
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](http://www.sos.ri.gov)