



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

**STAMP**

STATE OF RHODE ISLAND  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

**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<br><b>000144873</b>   | 2. Exact name of the Limited Liability Company<br><b>Sands Pond Hill LLC</b>                                    |                                      |                                  |
| 3. NAICS Code<br><b>531110</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Management of Real Estate</b> |                                      |                                  |
| 5. State of Formation<br><b>RI</b>  |   |                                      |                                  |
| 6. Principal Office Address<br><b>Off Sands Pond Road</b>   | City<br><b>Block Island</b>   | State<br><b>RI</b>                   | Zip<br><b>02807</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                                      |                                  |
| Contact Name <b>Alan H. Bolton</b>  |   | Contact Title <b>Managing Member</b> |                                  |
| Street Address <b>29 Creskill Place</b>   |   | City <b>Huntington</b>               | State <b>NY</b> Zip <b>11743</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |   |                                      |                                  |
| Manager Name <b>Alan H. Bolton</b>  |   | Manager Name                         |                                  |
| Street Address <b>29 Creskill Place</b>   |   | Street Address                       |                                  |
| City <b>Huntington</b>  | State <b>NY</b>   | Zip <b>11743</b>                     | City<br>State<br>Zip             |
| Manager Name  |   | Manager Name                         |                                  |
| Street Address  |   | Street Address                       |                                  |
| City  | State   | Zip                                  | City<br>State<br>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.  |   |                                      |                                  |
| <b>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.</b> |   |                                      |                                  |
| Name of Authorized Person<br><b>Elliot Taubman, Esq.</b>  |   |                                      | Date<br><b>9/19/2019</b>         |
| Signature of Authorized Person<br><div style="text-align: center;">SIGN DOCUMENT HERE</div>   |   |                                      |                                  |

**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**

SEP 23 2019

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