



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

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 CORPORATIONS DIV

2019 NOV -8 AM 9:29

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 <u>1680436</u>		2. Exact name of the Limited Liability Company <u>SSS Realty LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>6300 Post Rd</u>		City <u>NK</u>	State <u>RI</u>	Zip <u>02852</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JOHN CAMPER</u>		Contact Title <u>MEMBER</u>			
Street Address <u>6300 Post Rd</u>		City <u>NK</u>	State <u>RI</u>	Zip <u>02852</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>JOHN CAMPER</u>		Manager Name			
Street Address <u>SAME as above</u>		Street Address			
City	State	Zip	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 <u>JOHN CAMPER</u>				Date <u>11/8/19</u>	
Signature of Authorized Person 					

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

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BY [Signature] 209