RI SOS Filing Number: 201927558320 Date: 11/15/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

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.

| | FILED | |
|-----|-------------------------|--|
| ВУ_ | NOV 15 2019 SSOGO OS | |

| 1. Entity ID Number 812181 | l l | 2. Exact name of the Limited Liability Company SANDPIPER, LLC | | | | | |
|---|-------------------|---|------------------------------------|----------------------------|------------------------|--|--|
| 3. NAICS Code 531390 | | Brief description of the character of business conducted in Rhode Island Real Estate holding | | | | | |
| 5 State of Formation RI | | | | | | | |
| 6. Principal Office Address c/o Goelet LLC, 780 Third Ave, 17th FL | | | City New York | State NY | Zip 10017 | | |
| 7. Mailing Address of Limited | Liability Compa | iny and Name or | Title of Contact Person | | · | | |
| Contact Name Thomas Antoshak | | | Contact Title | | | | |
| Street Address c/o Goelet LLC, 780 Third Ave, 17th FL | | | City New York | State NY | ^{Zip} 10017 | | |
| 8. List ALL managers (names | and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Check the box to | indicate an attachment | | |
| 9 Resident Agent in Rhode Is | sland. This infor | mation is currently | of record with the Department of S | tate. Changes require fili | ng Form 642. | | |
| Under penalty of periury, I d | declare and af | firm that I have | examined this report, includi | ng any accompanyir | ng schedules and | | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | | | Date | | |
| Thomas Antoshak | 10/31/19 | | | | | | |
| Signature of Authorized Person | ON AM | 8.0 | IN POCUMENT HERE | | | | |

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040 Website: www.sos ri gov