



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

DEC 09 2019

BY 1253 DS

| | | | |
|--|-------|---|---------------------|
| 1. Entity ID Number <u>000789820</u> | | 2. Exact name of the Limited Liability Company <u>SBE HOLDINGS, LLC</u> | |
| 3. NAICS Code <u>531390</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u> | |
| 5. State of Formation <u>Rhode Island</u> | | | |
| 6. Principal Office Address <u>N/A</u> | | City | State |
| | | | Zip |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Khemara Samms</u> | | Contact Title <u>member</u> | |
| Street Address <u>9 Pleasure Point Road</u> | | City <u>SAGAMORE</u> | State <u>MA</u> |
| | | | Zip <u>02561</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | 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>Khemara Samms</u> | | Date <u>12/4/2019</u> | |
| Signature of Authorized Person | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services
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