



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 144873		2 Exact name of the limited liability company SANDS POND HILL, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island			
5 Principal office address P.O. Box 1862		City Block Island	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert H. Bolton			Contact Title Managing Member		
Street Address P.O. Box 1862, Sands Pond Hill Road		City Block Island	State RI	Zip 02807	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert H. Bolton			Manager Name		
Street Address P.O. Box 1862		Street Address			
City Block Island	State RI	Zip 02807	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ELLIOT TAUBMAN, ESQ.			Address HIGH STREET		
Address P.O. BOX 277		City BLOCK ISLAND	Zip 02807		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<u>10/17/05</u> 144873*
Check No.	<u>111</u>
By:	<u>CXC</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Robert H. Bolton Oct 6, 05
Signature of Authorized Person Date

ROBERT H. BOLTON
Print or Type Name of Authorized Person