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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

SEP 1 6 2020 P

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Emily 10 No. 535155		2. Exact name of the limited Eability company SANA Development Plainfield, LLC					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real est	ite developmer	nt,purchases,sales,rental	rchases,sales,rentals,and management			
5. Principal office address 10 Southern Industrial Drive			Ctry Cranston	State:	Zp 02921		
6. MAILING ADDRESS O	F,LOUTTED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	34 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
Contact Name Salvatore Torregrossa, Jr.			Contact Title member				
Street Address 10 Southern industrial Drive			City Crenston	State RI	Zip 02921		
7. LIST ALL MANAGERS	(MAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE DO			
Manager Name NONE			Manager Name				
Street Address			Street Address				
City	State	Ζφ	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Ζφ	City	State	Zlp		
8. RESIDENT AGENT IN	RHODE ISLAND'S	Carlo Carlo	ALCONOMIC TO THE STATE OF THE S	98.022375420 883	### 1		
This information is curre	ently of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.			

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	No A		
By:			
19 3 X Y		张海绵	USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying achedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Verson

Date 70-50

Print or Typo Name of Authorized Person