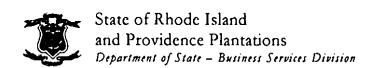
RI SOS Filing Number: 202064877220 Date: 10/8/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2020

Filing Períod: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

• In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

. ID No. 001661409	2. Exact name of the liv SFD Holdings, I		3. NAICS Code 531110			
4. Brief description eal estate ho	of the character of the busin lding	ess which is actually condu	icted in Rhode Island		5. State of Formation Rhode Island	
6. Principal office address 1002 Pawtucket Avenue			City Rumford	Siai RI	i'e	2 <i>ip</i> 02916
Contact Name	DRESS OF LIMITED LIAB aghalian, DMD	ILITY COMPANY AND	NAME OR TITLE OF CONTA  Contact Title  Manager	CT PERSON:		
1002 Pawtucket Avenue			City Rumford	State RI		2 <i>ip</i> 02916
Manager Name Justin W. Shaghalian, DMD  Street Address 1002 Pawtucket Avenue			Manager Name Street Address			
City Rumford	State RI	2 <i>ip</i> 02916	City	State	•	Zip
Manager Name			Manager Name			
Street Address			Street Address			
	State	Zip	City	State	•	Zip
City	1		1			I
	ENT IN RHODE ISLAND					

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OCT 0 8 2020

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date
Check No.
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.

Signature of Authorized Person

Date 7/2/2-2

Justin W. Shaghalian, DMD, Manager