



State of Rhode Island  
Department of State - Business Services Division

**FILED**

OCT 21 2020

Annual Report for the year: 2020  
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.

|   |       |  |                      |                    |              |
|---|-------|--|----------------------|--------------------|--------------|
| 1. Entity ID Number<br>875131   |       | 2. Exact name of the Limited Liability Company<br>S & D REALTY LLC   |                      |                    |              |
| 3. NAICS Code<br>531110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Hold and development of real estate |                      |                    |              |
| 5. State of Formation<br>RI   |       |  |                      |                    |              |
| 6. Principal Office Address<br>12 Tall Pines Lane   |       | City<br>Seekonk  |                      | State<br>MA        | Zip<br>02771 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                      |                    |              |
| Contact Name Steven M. Dippolito  |       |  | Contact Title Member |                    |              |
| Street Address 12 Tall Pines Lane   |       | City Seekonk   |                      | State MA           | Zip 02771    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                      |                    |              |
| Manager Name None   |       |  | Manager Name None    |                    |              |
| Street Address  |       |  | Street Address       |                    |              |
| City  | State | Zip  | City                 | State              | Zip          |
| Manager Name None   |       |  | Manager Name None    |                    |              |
| Street Address  |       |  | Street Address       |                    |              |
| City  | State | Zip  | City                 | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                      |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                      |                    |              |
| <b>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.</b> |       |  |                      |                    |              |
| Name of Authorized Person<br>Steven M. Dippolito  |       |  |                      | Date<br>10/14/2020 |              |
| Signature of Authorized Person<br>  |       |  |                      |                    |              |

**MAIL TO:**

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