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State of Rhode Island and Providence Plantations

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Department of State - Business Services Division T. OF STATE **BUS SVCS DIV**

Annual Report for the year: 2020 **Limited Liability Company**

2020 OCT 23 P 1: 16:

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→ 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 127690	2. Exact name of the Limited Liability Company SARAH'S MILL / (
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390	REAL ESTATE OWNERSHIP					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
30 GREEN MEADOW DRIVE			NARRAGANSETT	RI	02882	
7. Mailing Address of Limited L	iability Company an	d Name or Tit	le of Contact Person		I , ,, ,,	
Contact Name RICHARD DeFEDELE			Contact Title MANAGER			
Street Address 30 GREEN MEADOW DRIVE			City NARRAGANSETT	State RI	Zip 02882	
		ne Limited Lial	bility Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name RICHARD DeFEDELE			Manager Name SUSANNE G. DeFEDELE			
Street Address 30 GREEN MEADOW DRIVE			Street Address 30 GREEN MEADOW DRIVE			
City NARRAGANSETT	State RI	Zıp 02882	City NARRAGANSETT	State RI	Zip 02882	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
-				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isl	and. This information	is currently of re	ecord with the Department of State.	Changes require filir	ng Form 642	
Under penalty of perjury, I destatements, and that all state	eclare and affirm the ements contained l	nat I have exa herein are tru	mined this report, including a e and correct.	ny accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
SUSANNE DeFEDELE				10-1	10-1-2020	
Signature of Authorized Person	Detedis	SIGN D	OCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov