



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

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 BY 2599

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|---|--|--|----------------|-----------------------------|------|---------------------------|---------------------|-----|
| 1. Entity ID Number 486476 | | 2. Exact name of the Limited Liability Company Sanderson Realty, LLC | | | | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island To own and manage real estate and do all things incidental thereto . | | | | | | |
| 5. State of Formation RI | | | | | | | | |
| 6. Principal Office Address 29 Sanderson Road | | | | City Smithfield | | State RI | Zip 02917 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | |
| Contact Name David P. Gremza | | | | Contact Title Member | | | | |
| Street Address 29 Sanderson Road | | | | City Smithfield | | State RI | Zip 02917 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | | State | Zip | | City | | State | Zip |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | | State | Zip | | City | | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | | | |
| 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. | | | | | | | | |
| Name of Authorized Person <i>David P. Gremza</i> | | | | | | Date <i>10.19.2020</i> | | |
| Signature of Authorized Person | | | | | | SIGNATURE OF FILER | | |

MAIL TO:
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