RI SOS Filing Number: 202073232540 Date: 11/4/2020 4:00:00 PM



State of Rhode Island

## **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.

BY	NOV 0 4 2020
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1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
771655	SSB, LLC	SSB, LLC					
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island					
531390	Manage Re	Manage Real Estate					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
75 Lauriston Street			Providence	RI	02906		
7. Mailing Address of Limit	ed Liability Compa	any and Name o					
Contact Name Sylvia Sakr			Contact Title Member				
Street Address 75 Lauriston Street			City Providence	State RI	<sup>Zip</sup> 02908		
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - 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		
	<del></del>	.1		Check the box to	indicate an attachment		
9. The Resident Agent info	rmation currently	of record with the	e RI Department of State is accu	urate. Changes requir	e filing Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	ng any accompanyin	ng schedules and		
Name of Authorized Person YLUIA AICE				Date /1/a	02/20		
Signature of Authorized Pe				<del>-</del>			

## MAIL TO:

**Division of Business Services** 

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

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