



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

**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.

**FILED**  
**NOV 20 2020**  
**BIS**

**STAMP**  
 FOR  
 SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>141434</b>		2. Exact name of the Limited Liability Company <b>Sand Hill Crane LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Acquiring, developing, leasing, dealing in, and holding property for investment</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1 Water Street</b>			City <b>Charleston</b>	State <b>SC</b>	Zip <b>28401</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Denise S. Mansheim, Trustee</b>			Contact Title <b>Manager</b>		
Street Address <b>1 Water Street</b>			City <b>Charleston</b>	State <b>SC</b>	Zip <b>29401</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Denise S. Mansheim, Trustee</b>			Manager Name		
Street Address <b>1 Water Street</b>			Street Address		
City <b>Charleston</b>	State <b>SC</b>	Zip <b>29401</b>	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.					
<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 <i>Denise Mansheim</i>				Date <b>11/10/2020</b>	
Signature of Authorized Person  <b>SIGN DOCUMENT HERE</b>					

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov