

FILED

Annual Report for the year: 2021
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.

	SEP 0 2 2021
BY_	10017
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Entity ID Number	2. Exact name of the Limited Liability Company						
000112076	SANCO LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531110	UWN- OPERATE REAL ESTATE						
5. State of Formation	RESIDENTIAL DWELLINGS						
6. Principal Office Address City State Zip							
36 GREENW	OOD L	ANE	LINCOLN	RI	02845		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name LucilL	E SA	NTORO	Contact Title CWNER				
Sycal Address REENWOOD LANE			City LINCOLN	State I	zip 02865		
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	lity Company, IF APPLICABLE - D	O NOT LIST ME			
Manager Name SAME			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							
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Oate							
Jurille E. Intoro 8/31/2021							
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

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