



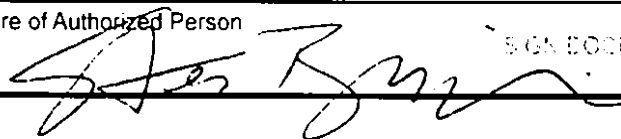
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

OCT 07 2021

1476 02

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.

|                                                                                                                                                                                                      |                    |                                                                                                             |                        |                        |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><u>000117781</u>                                                                                                                                                              |                    | 2. Exact name of the Limited Liability Company<br><u>SSS ASSOCIATES, LLC</u>                                |                        |                        |                     |
| 3. NAICS Code<br><u>531311</u>                                                                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>rental estate company</u> |                        |                        |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                    |                                                                                                             |                        |                        |                     |
| 6. Principal Office Address<br><u>30 BRADFORD ST.</u>                                                                                                                                                |                    | City<br><u>BRISTOL</u>                                                                                      |                        | State<br><u>RI</u>     | Zip<br><u>02809</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                             |                        |                        |                     |
| Contact Name<br><u>STEPHAN BRIGIDI</u>                                                                                                                                                               |                    | Contact Title<br><u>PRESIDENT</u>                                                                           |                        |                        |                     |
| Street Address<br><u>30 BRADFORD ST.</u>                                                                                                                                                             |                    | City<br><u>BRISTOL</u>                                                                                      |                        | State<br><u>RI</u>     | Zip<br><u>02809</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                             |                        |                        |                     |
| Manager Name<br><u>STEPHAN BRIGIDI</u>                                                                                                                                                               |                    | Manager Name<br><u>JULA BRIGIDI</u>                                                                         |                        |                        |                     |
| Street Address<br><u>93 HIGHLAND RD.</u>                                                                                                                                                             |                    | Street Address<br><u>93 HIGHLAND RD.</u>                                                                    |                        |                        |                     |
| City<br><u>BRISTOL</u>                                                                                                                                                                               | State<br><u>RI</u> | Zip<br><u>02809</u>                                                                                         | City<br><u>BRISTOL</u> | State<br><u>RI</u>     | Zip<br><u>02809</u> |
| 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<br><u>STEPHAN BRIGIDI</u>                                                                                                                                                  |                    |                                                                                                             |                        | Date<br><u>10/5/21</u> |                     |
| Signature of Authorized Person<br>                                                                                |                    |                                                                                                             |                        |                        |                     |

## MAIL TO:

Division of Business Services

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