



State of Rhode Island

Department of State - Business Services Division

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.

OCT 29 2021

BY 10027
OS

1. Entity ID Number 124421		2. Exact name of the Limited Liability Company SANBROEK, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island ACQUISITION, OWNERSHIP AND MANAGEMENT OF REAL ESTATE			
5. State of Formation NEW YORK					
6. Principal Office Address 182 POPPASQUASH ROAD		City BRISTOL		State RI	Zip 02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ARNOLD TOREN		Contact Title TRUSTEE OF MANAGING MEMBER			
Street Address 192 LEXINGTON AVENUE SUITE 1100		City NEW YORK		State NY	Zip 10016
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name THE TURTLEBACK A TRUST		Manager Name THE TURTLEBACK B TRUST			
Street Address 192 LEXINGTON AVENUE SUITE 1100		Street Address 192 LEXINGTON AVENUE SUITE 1100			
City NEW YORK	State NY	Zip 10016	City NEW YORK	State NY	Zip 10016
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. 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 ARNOLD TOREN, TRUSTEE				Date 10/29/21	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov