

Annual Report for the year: 2021
Limited Liability Company

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→ 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 1683721  | 2. Exact name of the Limited Liability Company SB CONSTRUCTION, LLC      |     |                      |          |                      |
|--|--|-----|----------------------|----------|----------------------|
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |     |                      |          |                      |
| 236115   | DEAL IN REAL ESTATE, BUILD, CONSTRUCT AND ERECT IMPROVEMENTSTO REAL      |     |                      |          |                      |
| 5. State of Formation  | ESTATE.  |     |                      |          |                      |
| RHODE ISLAND   |  |     |                      |          |                      |
| 6. Principal Office Address  |  |     | City                 | State    | Zip                  |
| 7 TWIN LEAF TRAIL  |  |     | SAUNDERSTOWN         | RI       | 02874                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |                      |          |                      |
| Contact Name JAKE SANTILLI   |  |     | Contact Title MEMBER |          |                      |
| Street Address 7 TWIN LEAF TRAIL   |  |     | City SAUNDERSTOWN    | State RI | <sup>Zip</sup> 02874 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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  | Zíp | City                 | State    | Zıp                  |
| Check the box to indicate an attai   |  |     |                      |          | licate an attachment |
| 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  |  |     |                      |          | 1                    |
| JAKE SANTILLI, MEMBER  | _  |     | _                    | 10/2     | 121                  |
| Sign DOCUMENT HERE   |  |     |                      |          |                      |

MAIL TO:

**Division of Business Services** 

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

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