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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.

1 Entity ID Number	2. Exact name of the Limited Liability Company
001662369	**SACHUEST, LLC**
3 NAICS Code 44990000	4 Brief description of the character of business conducted in Rhode Island OWN BOAT
5. State of Formation RHODE ISLAND	

6. Principal Office Address	City	State	Zip
101 DYER STREET, SECOND FLOOR	PROVIDENCE	RI	02903

7 Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
JAMES E. LADD, JR.	MEMBER/MANAGER		
Street Address	**City**	**State**	**Zip**
101 DYER STREET, SECOND FLOOR	PROVIDENCE	RI	02903

8 List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
JAMES E. LADD, JR			LAURA S. LADD		
Street Address			Street Address		
101 DYER STREET, SECOND FLOOR			101 DYER STREET, SECOND FLOOR		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
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	Date
JAMES E. LADD, JR.	Oct. 15, 2021

Signature of Authorized Person

James E. Ladd Jr.

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY
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FORM 632 - Revised: 08/2020