

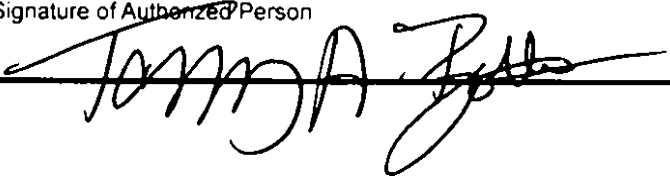


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2015  
Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D R.I. SOS B.S.D.  
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>000165211</b>                                                                                                                                                                |  | 2. Exact name of the Limited Liability Company<br><b>SDR LLC</b>                                                                                                      |                    |
| 3. NAICS Code<br><b>236118</b>                                                                                                                                                                         |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Remodeling of residential properties; real estate holding for purpose of resale</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                           |  |                                                                                                                                                                       |                    |
| 6. Principal Office Address<br><b>30 Talcott Avenue</b>                                                                                                                                                |  | City<br><b>Warwick</b>                                                                                                                                                | State<br><b>RI</b> |
| Zip<br><b>02889</b>                                                                                                                                                                                    |  |                                                                                                                                                                       |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                    |  |                                                                                                                                                                       |                    |
| Contact Name<br><b>Tammy A. Bottella</b>                                                                                                                                                               |  | Contact Title<br><b>Attorney</b>                                                                                                                                      |                    |
| Street Address<br><b>255 Quaker Lane, Suite 600</b>                                                                                                                                                    |  | City<br><b>West Warwick</b>                                                                                                                                           | State<br><b>RI</b> |
| Zip<br><b>02893</b>                                                                                                                                                                                    |  |                                                                                                                                                                       |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                    |  |                                                                                                                                                                       |                    |
| 9 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><b>Tammy A. Bottella</b>                                                                                                                                                  |  | Date<br><b>01/27/2025</b>                                                                                                                                             |                    |
| Signature of Authorized Person<br>                                                                                  |  |                                                                                                                                                                       |                    |

FILED

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BY 955 FV  
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MAIL TO:

Division of Business Services  
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