

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	0.5			****	PENALIT FEE.	
566411	SNL P	2. Exact name of the limited liability company SNL PROPERTIES, LLC				
3. State of Formation RHODE ISLAND	,	escription of the character	cter of business conducted in Ri	ode Island		
5. Principal office address 4440 Via Del Villetti Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND CONTROL Name			City <b>Venice</b>	State FL	Zip 34293	
Contact Name	OF LIMITED LIABIL	ITY COMPANY AND	NAME OR TITLE DE L'ANTARE		J4233	
Stephen R. Arnold			Contact Title Manager			
Street Address 4440 Via Del Villetti Drive			City	State	Zip	
LIST ALL MANAGE ("X" BOX FOR ATTA	RS (NAMES AND AD	DRESSES) OF THE L	MITED LIABILITY COMPANY	FL EADS GASIS V	34293	
danager Name Stephen R. Arnold			Manager Name		NOTE OF THE PROPERTY OF THE PR	
treet Address 1440 Via Del Ville			Street Address			
ity /enice	State	Zip				
anager Name	FL	34293	City	State	Zip	
anager Harrie		· · · · · · · · · · · · · · · · · · ·	Manager Name			
reet Address						
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у	State	Zip	City	State	Zip	
RESIDENT AGENT IN	RHODE ISLAND				]-"	
s information is curr	ently of record in the		ary of State. Changes require	en an an Albanda de Cara		
	only of record in the	Unice of the Secreta	ry of State. Changes require	filing Form 643	Z. 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	

## FILED

OCT 2 1 2013

BY	001
Check No  By:  FOR SECRETARY OF STATE USE ONLY	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the distance of statements contained herein are true and correct.  Signature of Authorized Person  Stephen R. Arnold  Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012