RI SOS Filing Number: 202446966410 Date: 2/20/2024 4:00:00 PM



Annual Report for the year: 2024 **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.



| Entity ID Number     249822                                  | 2 Exact name of the Limited Liability Company SANDRA DEE LLC   |   |                      |                                       |
|--|--|---|----------------------|---------------------------------------|
| 3. NAICS Code<br>531390                                      | Brief description of the character of business conducted in Rhode Island     TO BUY SELL AND INVEST IN REAL ESTATE |   |                      |                                       |
| 5. State of Formation<br>RI                                  |  |   |                      |                                       |
| 6. Principal Office Address                                  | <u> </u>   | City  | State                | Zıp                                   |
| 2457 POST ROAD   |  | WARWICK   | RI                   | 02886                                 |
| 7 Mailing Address of Limited Li                              | ability Company and Name or  | Title of Contact Person                           | •                    |                                       |
| Contact Name MICHAEL P WINTER                                |  | Contact Title  MEMBER                             |                      |                                       |
| Street Address 2457 POST ROAD                                |  | City  | State RI             | <sup>Zip</sup> 02886                  |
| 8. The Resident Agent informat                               | ion currently of record with the   | RI Department of State is accu                    | rate. Changes requir | e filing Form 642                     |
| 9 Under penalty of perjury, I statements, and that all state |  | e examined this report, include true and correct. | ling any accompany   | ving schedules and                    |
| Name of Authorized Person<br>MICHAEL P WINTER                |  | /   | Date                 | 7, 8024                               |
| Signature of Authorized Ferson                               | 11 V M/WM  | 1   |                      | · · · · · · · · · · · · · · · · · · · |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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