



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
105 W. Rhode Street
Providence, RI 02904-2045
001-222-3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66, all limited liability companies, including those filing an annual report without a filing fee, are required to file as prescribed by the R.I.G.L. 7-16-66, the filing fee is subject to a penalty fee of \$25.00.

| | | | | | |
|---|------------------------|---|------------------------|--------------|-----|
| 1. Filing No. 125825 | | 2. Name of the limited liability company SUNFLOWER PROPERTIES, LLC. | | | |
| 3. State of Formation | | 4. Description of the character of the business of the limited liability company RENTAL PROPERTY | | | |
| 5. Principal office address 25 BICKNELL AVE | | City RUMFORD | State RI | Zip 02916 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name ALFRED C. BASILE | | | Contact Title OWNER | | |
| Street Address 25 BICKNELL AVE | | City RUMFORD | State RI | Zip 02916 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name ALFRED C. BASILE | | | Business Name | | |
| Street Address 25 BICKNELL AVE | | | Street Address | | |
| City RUMFORD | State RI | Zip 02916 | City | State | Zip |
| Manager Name | | | Business Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66.01

| | |
|---------------------------------|---------|
| FILED | 4-21-09 |
| CITY | 2917 |
| BY | MNC |
| 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 that all statements contained herein are true and correct.

Alfred C. Basile 4/12/09
Signature of Authorized Person Date
ALFRED C. BASILE
Printed Name of Authorized Person