RALPH MOIL	State of Rhode Island and Office of the Se				NS Fee: \$50.
A 100	Corporation	ns Divisi	on		
	148 W. R				
	Providence, Rhode			-2615	
retary of St	Telephone: (4	01) 222-	3040		
Limited Liability Co	ompany				
Annual Report					
Filing Period: Septembe	r 1 - November 1				
	G.L. 7-16-66(d), each limited liability				o
	nin thirty (30) days after the time pre to a penalty fee of \$25.00.	escribed l	by law	∕ (R.I.G.L.	
ANNUAL REPORT YE	AR : <u>2009</u>				
1. ID No. <u>0001119</u>	994				
2. Exact Name of the	Limited Liability Company <u>Sun</u>	Cap, LI	<u>.C</u>		
3. State of Formation	ı				
State: <u>RI</u>					
4. Brief Description o	f the Character of the Business	Nhich is	Actu	ally Conducted	d in Rhode Island
				•	
SALE OF SUN CAD	FLOATING SUN SHIELDS				
SALE OF SUN CAP	FLOATING SUN SHIELDS				
5. Principal Office Ad	dress				
No. and Street: 5	555 FLAT RIVER ROAD				
	REENE	State:	RI	Zip: 02827	Country: USA
				·	· <u> </u>
6. Mailing Address of	Limited Liability Company and	Name or	Title	of Contact Pe	erson:
Contact Name: DIAN	E CAPWELL Contact Title: SECR	ETARY/1	REA	SURER/PARTN	I <u>ER</u>
	555 FLAT RIVER ROAD	G ()	ы	- 00007	
City or Town: <u>G</u>	REENE	State:	<u>KI</u>	Zip: <u>02827</u>	Country: <u>USA</u>
7. Name and Address DO NOT LIST MEM	of Each Manager of the Limited BERS	d Liabilit	у Соі	mpany, if Appl	icable.
Title	Individual Name			Addr	ess
	First, Middle, Last, Suffix		Addre	ss, City or Town, S	tate, Zip Code, Country
MANAGER	BRUCE CAPWELL			5555 FLAT F GREENE, RI (RIVER ROAD 02827- USA
	1	1			
	IN RHODE ISLAND - DO NOT ALT	FR			
	iling of Form 642 - R.I.G.L. 7-16-				
	-		7		
DRUCE CAPWELL 5	555 FLAT RIVER ROAD GREENE	, <u>KI 028</u> 2	<u> </u>		

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of September, 2009 at 9:34:46 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>/DIANECAPWELL/</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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