



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 157504		2. Exact name of the limited liability company Sulky Rhode, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 909 East Main Road, Newport Vineyards			City Middletown	State RI	Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name John Nunes			Contact Title		
Street Address 909 East Main Road, Newport Vineyards			City Middletown	State RI	Zip 02842
7. NAME AND ADDRESS OF EACH MANAGER OR THE LIMITED LIABILITY COMPANY, IF APPLICABLE - (DO NOT LIST MEMBERS HEREIN SPACES BEFORE USING ATTACHMENTS - (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name John Nunes			Manager Name		
Street Address 909 East Main Road, Newport Vineyards			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Manager Name			Manager 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					

FILED

SEP 02 2011

By *MNC*
CR # 197

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

157504

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.

John F. Nunes 8-24-11
Signature of Authorized Person Date

John F. Nunes
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

File Date _____

Check No. _____

By _____