



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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing 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. 756131		2. Exact name of the limited liability company Sunnymeade, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 58 AYRAULT STREET <i>119 Alpine Rd</i>		City NEWPORT <i>WPB</i>	State RI <i>FL</i>	Zip 02840 <i>33405</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THEODORA ASPEGREN			Contact Title		
Street Address 58 AYRAULT STREET			City NEWPORT	State RI	Zip 02840
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name THEODORA ASPEGREN			Manager Name		
Street Address 58 AYRAULT STREET <i>119 Alpine Rd</i>			Street Address		
City NEWPORT <i>WPB</i>	State RI <i>FL</i>	Zip 02840 <i>33405</i>	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 Form 642.					

FILED ✓

OCT 30 2014

BY *ca 235499*
1:19

File Date _____

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 that all statements contained herein are true and correct.

Signature of Authorized Person

THEODORA ASPEGREN

Print or Type Name of Authorized Person

Date

10/1/14

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