

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

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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.

Entity ID No.		me of the limited liab			
000163398	COWES	ETT SUN SERV	TCE, LLC		
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhode Isla	and	
4/25/2007	REAL ES	STATE HOLDIN	G COMPANY		
5. Principal office address 128 COWESETT AVE	NUE		City WEST WARWICK	State RI	Zip 02893
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERS	ON:	
Contact Name MICHAEL BAYLOUNY	•		Contact Title PRESIDENT		
Street Address 128 COWESETT AVEN	NUE		City WEST WARWICK	State RI	Zip 02893
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHO				1 .	
This information is currently	of record in the	Office of the Secr	etary of State. Changes require filing	Form 642.	

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FILE Date ______Check No

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

Date

FOR SECRETARY OF STATE USE ONLY

MICHAEL BAYLOUNY

Print or Type Name of Authorized Person