

## 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 \_\_

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. 2. Ex	2. Exact name of the limited liability company				
951951	SUN TAN	Realty L	LC		
3. State of Formation 4. Bri	4. Brief description of the character of business conducted in Rhode Island				
RI.	Real ESTAte				
5. Principal office address 1003 PANL A		city Cranstan	State P.J	- Zip 07-910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Brad Ruggleri		City Cranstan State R.T. Zip 07910			
Chroat Address	e #tinu	city Craustan '	State	Zip 07910	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  ("X" BOX FOR ATTACHMENT)					
Manager Name Brad Rugs	 I-EV I	Manager Name			
Street Address PAr ( )	Ave Unita	Street Address			
City Cranston State	P.J. Zip 07910	City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLA	VD CO		·!	· · · · · · · · · · · · · · · · · · ·	
This information is currently of record	in the Office of the Secretary o	of State. Changes require filing	Form 642.		

## **FILED**

SEP 2 1 2015

	BY 1055	<u>Under p</u> enalty of perjury, I declare and	offirm that I have evemined
File Date	U	this report, including any accompanyin and that all statements contained herei	g schedules and statements,
Check No			9/10/15
Ву:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	KU96141

Form No. 632 Revised: 01/2012