

## 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 2015

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. Exact name of the limited liability company					
102986	Sunnysi	Sunnyside Properties, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Hold, ow	Hold, own, buy, sell or pledge real estate.					
5. Principal office address 30 DeSoto Street			City Providence	State RI	Zip <b>02909</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT P	ERSON:			
Contact Name Anthony P. Boscia		Contact Title  Manager					
Street Address 30 DeSoto Street			City Providence	State RI	Zip <b>02909</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Anthony P. Boscia			Manager Name				
Street Address 30 DeSoto Street			Street Address				
City <b>Providence</b>	State RI	Zip <b>02909</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND			L			
***************************************		e Office of the Secret	ary of State. Changes require t	iling Form 642.			
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File DateCheck No	Under penalty of perjury, I declare and affire this report, including any accompanying search that all statements contained herein a Continuary Pack	chedules and statements re true and correct.		
By:	Signature of Authorized Person	Date		
FOR OFFICE AND OF STATE HOE ONLY	Anthony P. Boscia			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012