

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 960407	2. Exact na Sun Plu	me of the limited lia	bility company ng Co., LLC			
3. State of Formation	4. Brief des Plumbir	Brief description of the character of business conducted in Rhode Island Plumbing and heating services				
5. Principal office address 1.2 1 Boss Road, #5			City Foster	State RI	Zip f 02825	
Contact Name Daniel N. Galfucci, Jr.			Contact Title Member			
Street Address 1 Boss Road, #5			City Foster	State RI	Zip 02825	
	MENN TE	DRESSES) OF THE	LIMITED LIABILITY COMPAN	ALEANEAU CALINESTA		
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name None			Manager Name None			
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			etary of State. Changes requir		A STATE OF THE PROPERTY OF THE	

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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 and true and correct.

Daniel N. Gallucci, Jr., Member

Signature di Authorized Person

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012