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	State of Rhode Island and Prov Office of the Secretar		Fee: \$50
	Division Of Business S 148 W. River Stru Providence RI 02904	eet	
HOPE	(401) 222-3040		
imited Liability Com	ipany		
Annual Report illing Period: September 1	- November 1		
	7-16-66(d), each limited liability compa in thirty (30) days after the time prescrit penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>00104201</u> ;	5		
2. Exact Name of the Li	mited Liability Company Sunrise Re	alty LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that be	st describes your business.	
Using the following NAICS	codes, please select the code that be	st describes your business.	
NAICS Code	S codes, please select the code that be	<u>6</u> <u>53</u>	3
NAICS Code		<u>6</u> <u>53</u>	3
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANTHONY P. GEMMA 24 CORLISS STREET, #9200 PROVIDENCE, RI 02940

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2016 at 10:53:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY GEMMA

Signature of Authorized Person

Form No. 632 Revised 09/07

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