		ntations Estates
	State of Rhode Island and Providence Pla Office of the Secretary of State	antations Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liabili Annual Report		
n accordance with	h R.I.G.L. 7-16-66(d), each limited liability company failing or r	refusing
	eport within thirty (30) days after the time prescribed by law (R bject to a penalty fee of \$25.00.	.I.G.L. 7-
ANNUAL REPOR	<b>T YEAR:</b> <u>2017</u>	
1. ID No. <u>00</u>	01666633	
2. Exact Name of	of the Limited Liability Company <u>SUNFLOWER DESIC</u>	<u>GNS, LLC</u>
3. State of Form	nation	
State: <u>RI</u>		
Enter the six digit	ARTICLE III	icted by the entity. Download
-	ARTICLE III t NAICS Code that best describes the primary business condu- here. More information on <u>NAICS</u> can be found online.	ucted by the entity. Download
the list of codes <u>h</u>	t NAICS Code that best describes the primary business condu	
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## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BROOKE MERRIAM 7 BARBARA DRIVE BRISTOL, RI 02809

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

**Signed this 20 Day of September, 2017 at 8:54:59 AM 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 BROOKE MERRIAM

Signature of Authorized Person

Form No. 632 Revised 09/07

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