Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
Providence RI 02904-2615			
(401) 222-3040			
HOPE	(- ,	-	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>000148776</u>			
2. Exact Name of the Lim	ited Liability Company 2nd to th	e Sun, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	ode that best describes the primary information on <u>NAICS</u> can be found		entity. Download
4. Brief Description of the	Character of the Business Which	is Actually Conducted in	Rhode Island
TANNING SERVICES			
5. Principal Office Address	5		
	ALD HILL ROAD		
City or Town: <u>WAR</u>	<u>WICK</u> State	: <u>RI</u> Zip: <u>02886</u> Co	ountry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Perso	n:
Contact Name: Contact Ti	tle:		
	ALD HILL ROAD		
City or Town: WARV	VICK State:	<u>RI</u> Zip: <u>02886</u> Co	ountry: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBERS	each Manager of the Limited Liab S	ility Company, if Applica	ole.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country
		· · · · ·	-

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM GENTILE 200 BALD HILL ROAD WARWICK , RI 02886

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

Signed this 13 Day of November, 2017 at 2:57:55 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 <u>STEVEN ROBERTS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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