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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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DEC 07 2017	
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4. Feeten ID Nove 1	In = 2	en er e	111 1777 6			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
296188	Sunrise Associates, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	Buy, sell, lease real estate					
5. State of Formation	1		,			
Rhode Island						
6. Principal Office Address			City	State	Zip	
1057 Chopmist Hill Rd.			North Scituate	RI	02857	
7. Mailing Address of Limited Li	ability Compa	any and Name o				
Contact Name Howard Frederickson			Contact Title Member			
Street Address 1057 Chopmist Hill Rd.		City North Scituate	State RI	^{Zip} 02857		
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST (MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Żip	City	State	Zip	
	I	<u>, </u>		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inforr	nation is currently	of record with the Department of State	. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all states			examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Howard Frederickson . 11-14-17						
Signature of Authorized Person	h	250	FORMENT HERE		1	
1	.V	ب				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov