



2020 APR 20 P 3: 22

Annual Report for the year: 2018
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.

	I	£ 14				
1. Entity ID Number <b>296188</b>	2. Exact name of the Limited Liability Company  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	iny and Name or		•		
Contact Name Howard Frederickson			Contact Title Member			
Street Address 1057 Chopmist Hill Rd.			City North Scituate	State RI	<sup>Zip</sup> 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	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	Check the box to indicate an attachment					
9. Resident Agent in Rhode Isla	nd. This inforn	nation is currently	of record with the Department of State	. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all states			examined this report, including true and correct.	any accompanyin	ng schedules and	
Name of Authorized Person			$\Omega$	// //   Date		
Howard Frederickson				8-14	4-19	
Signature of Authorized Person		19	N TOC IMPACHERE		.23	
			7	✓	<del>, , ,</del>	

MAIL TO:

Division of Business Services

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

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

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FORM 50 - Payisad: 10/2017