



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020  
**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.

|   |       |   |                      |                   |     |
|---|-------|---|----------------------|-------------------|-----|
| 1. Entity ID Number<br>1666635  |       | 2. Exact name of the Limited Liability Company<br>SUNNYVALE HOLDINGS, LLC   |                      |                   |     |
| 3. NAICS Code<br>531110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and rental of real estate. |                      |                   |     |
| 5. State of Formation<br>RI   |       |   |                      |                   |     |
| 6. Principal Office Address<br>88 Sunrise Avenue  |       | City<br>West Warwick  | State<br>RI          | Zip<br>02893      |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                      |                   |     |
| Contact Name John Roch  |       |   | Contact Title Member |                   |     |
| Street Address 88 Sunrise Avenue  |       | City West Warwick   | State RI             | Zip 02893         |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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 | Zip   | City                 | State             | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                      |                   |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642  |       |   |                      |                   |     |
| <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |       |   |                      |                   |     |
| Name of Authorized Person<br>JOHN ROCH  |       |   |                      | Date<br>9-26-2020 |     |
| Signature of Authorized Person<br>  |       |   |                      |                   |     |

**FILED**

OCT 08 2020

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MAIL TO:  
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