



State of Rhode Island

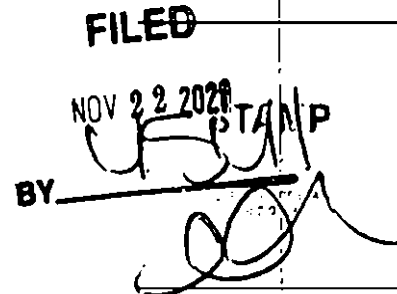
## Department of State - Business Services Division

 Annual Report for the year: 2021  
 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><b>000163398</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>COWESETT SUN SERVICE, LLC</b>                                |                    |                           |     |
| 3. NAICS Code<br><b>53 1110</b>                                                                                                                                                                      |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE HOLDING COMPANY</b> |                    |                           |     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |       |                                                                                                                   |                    |                           |     |
| 6. Principal Office Address<br><b>128 COWESETT AVENUE</b>                                                                                                                                            |       | City<br><b>WEST WARWICK</b>                                                                                       | State<br><b>RI</b> | Zip<br><b>02893</b>       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                   |                    |                           |     |
| Contact Name<br><b>MICHAEL BAYLOUNY</b>                                                                                                                                                              |       | Contact Title<br><b>PRESIDENT</b>                                                                                 |                    |                           |     |
| Street Address<br><b>128 COWESETT AVENUE</b>                                                                                                                                                         |       | City<br><b>WEST WARWICK</b>                                                                                       | State<br><b>RI</b> | Zip<br><b>02893</b>       |     |
| 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.                                                                  |       |                                                                                                                   |                    |                           |     |
| 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. |       |                                                                                                                   |                    |                           |     |
| Name of Authorized Person<br><b>MICHAEL BAYLOUNY</b>                                                                                                                                                 |       |                                                                                                                   |                    | Date<br><b>11.20.2021</b> |     |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                                   |                    |                           |     |

## MAIL TO:

Division of Business Services

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