

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
000941928	My Three Suns	Hone LLC				
3. NAICS Code 53110 5. State of Formation MA	4. Brief description of the character of business conducted in Rhode Island Acquisition vainhance, holding improvement, leasing, Soule, Conveyance exchange, transfer and mortgage various real property.					
6. Principal Office Address 16 Woodna	, Ad	Clestat Hill	State A	^{zip} 02467		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Brian Lash		City Chestrut Hiss State MA Zip 02467				
Street Address 46 Woo	dna Rd	City Chestnut Hill	State MA	Zip 02467		
8. 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		Date 9/6/2022				
Signature of Authorized Person						

SEP 0 7 2022 96596 A.A. 12:43pm.

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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