



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2024 AUG 20 AM 9:05

Affidavit of Unauthorized Reporting

→ No Filing Fee

This affidavit is to be used to report the unauthorized filing of an annual report or other filing that intentionally misrepresented the entity's officers, directors, partners, or managers of record.

I. COMPLAINANT'S INFORMATION			
1. Entity ID Number: 001753880		The name of the entity: The Sun on Brown LLC	
2. Name - First/Last Sena Mousa		Title Authorized Member	
3. Address 125 Stony Lane	City/Town Exeter	State RI	Zip Code 02882
II. STATEMENT			
4. The entity listed above did not submit or give its consent to file the following document:			
<input type="checkbox"/> The _____ (year of report) annual report filed on _____ (month/day/year).			
<input checked="" type="checkbox"/> Miscellaneous Filing Statement recorded on <u>May 23, 2024</u> (month/day/year).			
<input type="checkbox"/> Articles of Amendment recorded on _____ (month/day/year).			
5. The entity has taken the following steps to report this unauthorized activity:			
<input type="checkbox"/> I have reported the unauthorized activity to the US Federal Trade Commission.			
<input checked="" type="checkbox"/> I have filed a police report with the <u>North Kingstown</u> police department. The police report number is <u>24-960-OF</u>			
<input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
6. The undersigned affirms the entity's correct business information is:			
Office Address 99 Brown Street	City North Kingstown	State RI	Zip 02852

FILED

AUG 20 2024

BY _____

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



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Department of State - Business Services Division

7. The entity's officers/directors, partners, or managers of record are:

Title	Name	Address

Check the box to indicate an attachment

III. CERTIFICATION

I, Sena Mousa, (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Reporting and all statements contained herein are true and correct.

Type or Print Name of Complainant Sena Mousa Date 8/19/2024

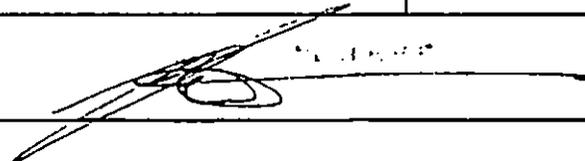
Signature of Complainant 

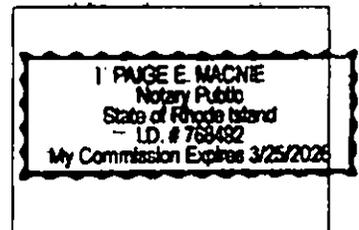
Notary

State: Rhode Island County: Providence

Subscribed and sworn to (or affirmed) before me on this 19 day of August, 2024, by Sena Mousa (name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me.

Type or Print Name of Notary Public <u>Paige E. Macnie</u>	Commission ID # <u>768492</u>	Commission Expiration <u>3/25/2026</u>
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Signature of Notary Public 



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email notaries@sos.ri.gov.