



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 21 2025

BY 379

1. Entity ID Number 001749162		2. Exact name of the Limited Liability Company SUN SPA, LLC	
3. NAICS Code 812191		4. Brief description of the character of business conducted in Rhode Island MASSAGE PARLOR AND ANY OTHER LAWFUL PURPOSE	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 1021 BROAD STREET		City PROVIDENCE	State RI
		Zip 02905	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name DAVID B WILLIAMS		Contact Title OWNER	
Street Address 1021 BROAD STREET		City PROVIDENCE	State RI
		Zip 02905	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 DAVID WILLIAMS		Date 1/13/25	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov