



and Providence Plantations
Office of the Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>100327</u>		2. Name of Corporation <u>SUN MANAGEMENT GROUP INC</u>			
3. Street Address Principal Business Office <u>22 HUDSON PLACE</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>
4. Business Phone No. <u>401 941 5956</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>TO OPERATE AN ASSIST MANAGEMENT YACHT CHARTER BUSINESS</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>STEVEN PATAK</u>			Vice President Name <u>ANN K PATAK</u>		
Street Address <u>22 HUDSON PLACE</u>			Street Address <u>(SAME)</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>	City <u></u>	State <u></u>	Zip <u></u>
Secretary Name <u>STEVEN PATAK</u>			Treasurer Name <u>STEVEN PATAK</u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u></u>			Director Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
Director Name <u></u>			Director Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES					
Number of Shares <u>8000</u>	Class/Series <u>NO</u>	Par Value <u>PAR VALUE</u>	Number of Shares <u>100</u>	Class/Series <u>Common</u>	Par Value <u>NO</u>
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES -- THIS SECTION MUST BE COMPLETED					
Number of Shares <u></u>	Class/Series <u></u>	Par Value <u></u>	Number of Shares <u></u>	Class/Series <u></u>	Par Value <u></u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	<u>JAN 14 2008</u>
Check No.	<u>2159</u>
By:	<u>2159</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Steven Patak Date 1/2/08
Print or Type Name STEVEN PATAK
Title PRESIDENT