



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**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.<br>15266   |             | 2. Name of Corporation<br>SUNRISE CORPORATION |   |                           |              |
| 3. Street Address Principal Business Office<br>26 ROCHAMBEAU AVENUE  |             |   | City<br>PROVIDENCE                      | State<br>RI               | Zip<br>02906 |
| 4. Business Phone No.<br>401-331-2021  |             | 5. State of Incorporation<br>Rhode Island     |   |                           |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Public relations.   |             |   |   |                           |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |                           |              |
| President Name<br>Donald Simon   |             |   | Vice President Name<br>Carolyn W. Simon |                           |              |
| Street Address<br>26 Rochambeau Avenue   |             |   | Street Address<br>26 Rochambeau Avenue  |                           |              |
| City<br>Providence   | State<br>RI | Zip<br>02906                                  | City<br>Providence                      | State<br>RI               | Zip<br>02906 |
| Secretary Name<br>Donald Simon   |             |   | Treasurer Name<br>Donald Simon          |                           |              |
| Street Address<br>26 Rochambeau Avenue   |             |   | Street Address<br>26 Rochambeau Avenue  |                           |              |
| City<br>Providence   | State<br>RI | Zip<br>02906                                  | City<br>Providence                      | State<br>RI               | Zip<br>02906 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |                           |              |
| Director Name<br>Donald Simon  |             |   | Director Name                           |                           |              |
| Street Address<br>26 Rochambeau Avenue   |             |   | Street Address                          |                           |              |
| City<br>Providence   | State<br>RI | Zip<br>02906                                  | City                                    | State                     | Zip          |
| Director Name  |             |   | Director Name                           |                           |              |
| Street Address   |             |   | Street Address                          |                           |              |
| City   | State       | Zip   | City                                    | State                     | Zip          |
| 9. SHARES AUTHORIZED   |             |   |   |                           |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |   |   |                           |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |             |   |   |                           |              |
| Number of Shares<br>30   |             | Class/Series<br>Common                        |   | Par Value<br>No Par Value |              |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |   |   |                           |              |

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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | MAR 02 2009 |
| Check No.                       | By 4634     |
| By                              |             |
| 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

Donald Simon

Print or Type Name

President

Title