



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. 57527		2. Name of Corporation SUNAL REALTY CORPORATION	
3. Street Address Principal Business Office 32 GREENWOOD STREET		City NORTH SMITHFIELD	State RI
4. Business Phone No. 769-4333		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island PROPERTY MANAGEMENT OF REAL ESTATE OWNED			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ALEXANDER J. BILIOURIS		Vice President Name ALEXANDER J. BILIOURIS	
Street Address P.O. BOX 1170		Street Address P.O. BOX 1170	
City SLATERSVILLE	State RI	City SLATERSVILLE	State RI
Zip 02876		Zip 02876	
Secretary Name ALEXANDER J. BILIOURIS		Treasurer Name VASILIOS KRITHARAS	
Street Address P.O. BOX 1170		Street Address 147 FAIRVIEW AVENUE	
City SLATERSVILLE	State RI	City BELMONT	State MA
Zip 02876		Zip 02178	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ALEXANDER J. BILIOURIS		Director Name VASILIOS KRITHARAS	
Street Address P.O. BOX 1170		Street Address 147 FAIRVIEW AVENUE	
City SLATERSVILLE	State RI	City BELMONT	State MA
Zip 02876		Zip 02178	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES --- THIS SECTION MUST BE COMPLETED			
Number of Shares 600	Class/Series COMMON	Par Value 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.

FILED	
File Date	FEB 27 2009
Check No.	By 1705
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

Date

ALEXANDER J. BILIOURIS, President

Title