



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 2011**

**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. 15373		2. Name of Corporation SUN - UP, INC		
3. Street Address Principal Business Office 95 Watch Hill Rd		City Westerly	State RI	Zip 02891
4. Business Phone No. 401-594-0800		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Retail				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Nancy Klotz		Vice President Name Julie K Wolman		
Street Address 10 No Bottom Ridge		Street Address 76 Mott Ave		
City Westerly	State RI	Zip 02891	City New London	State CT
Secretary Name Meredyth A. Klotz		Treasurer Name Hilary K. Steinman		
Street Address 89 Main St. Apt D.		Street Address 115 W. 86th ST		
City Florence	State MA	Zip 01062	City NY	State NY
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Nancy Klotz		Director Name Julie Wolman		
Street Address Same as above		Street Address Same as above		
City	State	Zip	City	State
Director Name Meredyth Klotz		Director Name Hilary Steinman		
Street Address Same as above		Street Address Same as above		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares		Class/Series		Par Value
10 Class A				No Par
990 Class B				No Par

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.

File Date **FILED**

Check No. **JAN 18 2011**

By: **34286**

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 Nancy Klotz Date 1/12/11

Print or Type Name Nancy Klotz

Title President