

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20 / Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subjected by Inc. (R.I.G.L. 7-6-91).

penalty fee of \$25.00.	topolit desirate tine stri	ne preservoeu by law (R.I.G.L.	/-6-91) is subject to a
29830 2. Name of Corporation SUNNYSIDE REC	REATION		
3. State of Incorporation  RHOOK ISLAND  SUNNYSIDE REC  4. Corporate address in Rhode Island - Street Addre  CLEVELAND	ss 0 ST.	NORTH PRO	102904
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode I	sland		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	HMENT) [ FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name  JOHN M. ERICE  Street Address	Vice President Name JOHN ERICE		
21 COLLINGWOOD OR.	Street Address		ROAO
WANWICK State RI 2102886 Secretary Name	WARWICK	State RI	01888
		M. En.CE	
262 SAND POND COAD		IKOWOOD DI	RIVE
WHEN CK PT 07888 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X* BOX FOR ATTA	CHMENT) FILL IN SPACE	State Z	<sup>z4</sup> 02886
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name	CORPORATION SHALL NO	ES BEFORE USING ATTAC OT BE LESS THAN THRE	E (3). R. I.G.L. 7-6-23
Street Address	CHRIS Street Address	DUPUIS	
City STRAKT STRAKT	1 7 . *	CRANE S	7.
E. PROV RT 02916	WARWICE	K State RI	2102889
Street Address Street	Director Name BOB	REBELL	0
Gib 16 M, LES AVE	Street Address 40 CI	HAPLIN .	STREET
PHW TUCKET REGISTERED AGENT IN RHODE ISLAND	PAW TUCKET	r RI	02861
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			
This report must be signed by either the President, Vice Pres	ident, Secretary, Assistant S	Secretary, Treasurer, Recei	ver or Trustee

FII ED	Under penalty of perjury, I declare and affirm that I have examined this
IILEU	report, including any accompanying schedules and statements, and that all
File Date JUN 1 3 2011	statements contained herein are true and correct. $6 - 8 - 1$
Check No. By:	Signature of Officer  Date  JOHN M. ERICE  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRES. OR NT