RI SOS Filing Number: 201289165930 Date: 02/06/2012 4:00 PM

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 2012

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.: 89486	2. Name of Corporation: Sunset Orchards, Inc.
3. Street Address Principal Business Office: 240 Gleanor Chapel Rd	City: No. Scituate; State: RI; Zip: 02857
4. Business Phone No.: 942 1300	5. State of Incorporation: Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island: sell all types of fruits & Vegs.	

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Gloria McConville	Vice President Name: Daniel A. Polselo, Jr.
Street Address: 240 Gleanor Chapel Rd.	Street Address: same
City: No. Scituate; State: RI; Zip: 02857	City: same; State: same; Zip: same
Secretary Name: Gail Chatfield	Treasurer Name: Gail Chatfield
Street Address: same	Street Address: same
City: same; State: same; Zip: same	City: same; State: aAME; Zip: SAME

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Gloria McConville	Director Name: Daniel A. Polseno, Jr.
Street Address: same	Street Address: same
City: same; State: same; Zip: same	City: same; State: same; Zip: same
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

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.

500 no par common

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	common	none

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 06 2012

Check No. 8516

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 Gloria McConville *Date* 1-31-12

Gloria McConville
Print or Type Name

President
Title

Form 630 Rev. 08/08

72921-66-653039