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.	2. Name of Corporation		
89486	Sunset Orchards, Inc.		
3. Street Address Principal Business Office	City	State	Zip
240 Gleanor Chapel Rd	No. Scituate	RI	02857
4. Business Phone No.	5. State of Incorporation		
942 1300	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	Street Address	City	State	Zip
Gloria McConville	240 Gleanor Chapel Rd.	No. Scituate	RI	02857
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Daniel A. Polselo, Jr.	same	same	same	same
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Gail Chatfield	same	same	same	same
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Gail Chatfield	same	same	aAME	SAME

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

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

[redacted]

FILED

File Date FEB 06 2012

Check No. 8516

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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