



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>124534</b>		2. Exact name of the Corporation <b>SUN HOSPITALITY GROUP INC.</b>	
3. Principal Office Address <b>171 POST ROAD</b>		City <b>WESTERLY</b>	State <b>RI</b>
		Zip <b>02891</b>	
4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, OPERATE, MAINTAIN &amp; MANAGE A TRANSIENT GUEST FACILITY</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses)			
President Name <b>KAUSHIK K MAISURIA</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <b>171 POST ROAD</b>		Vice-President Name <b>NONE</b>	
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	
Secretary Name <b>KAUSHIK K MAISURIA</b>		Treasurer Name <b>KAUSHIK K MAISURIA</b>	
Street Address <b>171 POST ROAD</b>		Street Address <b>171 POST ROAD</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
		Zip <b>02891</b>	
8. List ALL directors (names and addresses)			
Director Name		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address		Director Name	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <b>10</b>	CLASS/SERIES <b>COMMON</b>
		PAR VALUE <b>NO PAR</b>	
11. 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. <b>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.</b>			
Name of Authorized Representative <b>KAUSHIK K MAISURIA</b>		Date <b>01-05-2017</b>	
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 06 2017

By *[Signature]* FORM 650 - Revised: 10/2016