



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

FILED

MAR 02 2018

BY 1225

Annual Report for the year:
Corporation

2018

- 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 95548		2. Exact name of the Corporation Sunny Market Place, Inc.			
3. Principal Office Address 243 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 445299		6. Brief description of the character of business conducted in Rhode Island To operate a wholesale and retail market			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Sophalla Yin			Vice-President Name		
Street Address 185 Salem Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Sophalla Yin			Treasurer Name Sophalla Yin		
Street Address 185 Salem Avenue			Street Address 185 Salem Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name Sophalla Yin			Director Name		
Street Address 185 Salem Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500		No Par
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. 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.					
Name of Authorized Representative Sophalla Yin				Date 02/26/18	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov