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

FILED
MAR 02 2018
BY 1225

Annual Report for the year: 2018
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	2. Exact name of the Corporation			
95548	Sunny Market Place, Inc.			
3. Principal Office Address		City	State	Zip
243 Reservoir Avenue		Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445299	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			Vice-President Name		
Sophalla Yin					
Street Address			Street Address		
185 Salem Avenue					
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Secretary Name			Treasurer Name		
Sophalla Yin			Sophalla Yin		
Street Address			Street Address		
185 Salem Avenue			185 Salem Avenue		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Sophalla Yin					
Street Address			Street Address		
185 Salem Avenue					
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Sophalla Yin	02/26/18
Signature of Authorized Representative	

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

FORM 630 - Revised: 10/2017