



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY -4 AM 9:20

| | | | | | |
|---|--------------------|---|--|--------------------|-----------------------|
| 1. Entity ID Number <u>126427</u> | | 2. Exact name of the Corporation <u>SUNN BUILDERS INC</u> | | | |
| 3. Principal Office Address <u>270 POTNAM AVE</u> | | | City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> |
| 4. NAICS Code <u>236118</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>General Building - Construction of Commercial And Residential Real Estate</u> | | | |
| 5. State of Incorporation <u>RI</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>DAVID LOFFERDO</u> | | | Vice-President Name <u>DAVID LOFFERDO</u> | | |
| Street Address <u>984 ANGELL RD</u> | | | Street Address | | |
| City <u>LINCOLN</u> | State <u>MT</u> | Zip <u>02865</u> | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| Changes require an additional filing. | | <u>102</u> | | | <u>1.00</u> |
| 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 <u>DAVID LOFFERDO</u> | | | | | Date <u>5-4-18</u> |
| Signature of Authorized Representative <u>[Signature]</u> | | | | | |

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BY 32995/