



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.

1. Entity ID Number 57527		2. Exact name of the Corporation SUNAL REALTY CORPORATION			
3. Principal Office Address 32 GREENWOOD STREET			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Property management of real estate owned			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alexander J. Billouris			Vice-President Name Alexander J. Billouris		
Street Address P.O. Box 1170			Street Address P.O. Box 1170		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Secretary Name Alexander J. Billouris			Treasurer Name Vasillos Kritharas		
Street Address P.O. Box 1170			Street Address 147 Fairview Avenue		
City Slatersville	State RI	Zip 02876	City Belmont	State MA	Zip 02178
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alexander J. Billouris			Director Name Vasillos Kritharas		
Street Address P.O. Box 1170			Street Address 147 Fairview Avenue		
City Slatersville	State RI	Zip 02876	City Belmont	State MA	Zip 02178
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE No Par Value
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 Alexander J. Billouris				Date 3-8-18	
Signature of Authorized Representative HERE					

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

FILED
MAY 23 2018

FORM 630 - Revised: 10/2017

BY 2270