



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: **2018**  
 Corporation

2018 DEC 20 AM 10:46

- 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>000120785</b>		2. Exact name of the Corporation <b>SONNY K'S QUALITY HOMES, INC.</b>			
3. Principal Office Address <b>1284 VICTORY HIGHWAY</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWNING, ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE OF ANY KIND OR NATURE, OF BUILDING AND CONSTRUCTING QUALITY HOMES, RESIDENCES, ABODES, BUILDINGS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>JOHN KOSZELA JR</b>			Vice-President Name <i>None</i>		
Street Address <b>1315 VICTORY HIGHWAY</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	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 <i>None</i>			Director Name <i>None</i>		
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>		<b>STK</b>	<b>\$0.00</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>John Koszela Jr</b>				Date <b>12/18/2018</b>	
Signature of Authorized Representative <i>John Koszela Jr</i>				SIGN DOCUMENT HERE	

**FILED** ✓

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

DEC 20 2018 10:47

BY CR B3517 FORM 630 - Revised: 10/2017