



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

STAMP

Annual Report for the year: 2019
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 <u>100327</u>		2. Exact name of the Corporation <u>SUN MANAGEMENT GROUP INC</u>	
3. Principal Office Address <u>22 HUDSON PLACE</u>		City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02905</u>		4. NAICS Code <u>236118</u>	
5. State of Incorporation <u>RI</u>		6. Brief description of the character of business conducted in Rhode Island <u>REMODELING - BOAT EXCURSIONS</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>STEVEN R PARAK</u>		Vice-President Name <u>(SAME)</u>	
Street Address <u>22 HUDSON PL</u>		Street Address <u>(SAME)</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>(SAME)</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>(SAME)</u>		Director Name <u>(SAME)</u>	
Street Address <u>(SAME)</u>		Street Address <u>(SAME)</u>	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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 <u>100</u>	
Changes require an additional filing.		CLASS/SERIES <u>Common</u>	
		PAR VALUE <u>No</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>STEVEN R PARAK</u>		Date <u>1/1/19</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE <u>KM</u>	

FILED

DEC 31 2018

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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