



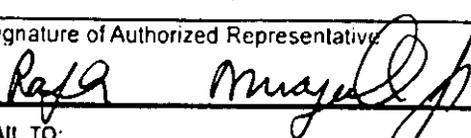
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 JAN 29 PM 1:16

- 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 62343		2. Exact name of the Corporation SUNNYLAND, INC			
3. Principal Office Address 21 RIMWOOD DRIVE			City SMITHFIELD	State RI	Zip 02920
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island BUYING, SELLING, LEASING, DEVELOPING, MANAGING IN REAL LAND AND PERSONAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RALPH MAGIARELLI, JR.			Vice-President Name		
Street Address 21 RIMWOOD DRIVE			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name CAROL MANGIARELLI			Treasurer Name RALPH MANGIARELLI, JR		
Street Address 21 RIMWOOD DRIVE			Street Address 21 RIMWOOD DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RALPH MANGIARELLI, JR			Director Name CAROL MANGIARELLI		
Street Address 21 RIMWOOD DRIVE			Street Address 21 RIMWOOD DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200		COMMON	
				NONE	
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 RALPH MANGIARELLI, JR.				Date 1-16-19	
Signature of Authorized Representative 					

FILED

JAN 29 2019 1:16

BY CK 1619