



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

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.

FILED

STAMP

FEB 27 2019

1812 AS

1. Entity ID Number 001665021		2. Exact name of the Corporation Sunday Child, Inc.			
3. Principal Office Address 38 Bellevue Avenue, Suite H			City Newport	State RI	Zip 02840
4. NAICS Code 488330		6. Brief description of the character of business conducted in Rhode Island Ownership and operation of sailing and power vessels of all kinds and descriptions			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven M. McInnis			Vice-President Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven M. McInnis			Director Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				No Par	
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. <i>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.</i>					
Name of Authorized Representative Steven M. McInnis				Date 2/26/19	
Signature of Authorized Representative <i>Steven McInnis</i>			SIGN DOCUMENT 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