



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020** *Amended No Fee*
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 001666183		2. Exact name of the Corporation Sunshine Sign Company, Inc.												
3. Principal Office Address 121 Westboro Road			City North Grafton	State MA	Zip 01536									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Installing and Servicing Signage												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name David R. Glispin			Vice-President Name											
Street Address 238 Brigham Hill Road			Street Address											
City North Grafton	State MA	Zip 01536	City	State	Zip									
Secretary Name Pamela A. Johnson			Treasurer Name Kari R. Lunden											
Street Address 5 Thayer Pond Drive, Unit #5			Street Address 481 Main Street											
City North Oxford	State MA	Zip 01537	City Shrewsbury	State MA	Zip 01545									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David R. Glispin			Director Name Kari R. Lunden											
Street Address 238 Brigham Hill Road			Street Address 481 Main Street											
City North Grafton	State MA	Zip 01536	City Shrewsbury	State MA	Zip 01545									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>4015</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	4015	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		4015	Common	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 PAMELA A. Johnson				Date 4/30/2020										
Signature of Authorized Representative <i>Pamela A. Johnson</i>														

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

MAY 06 2020

RL 3:41

VICE PRESIDENT OF SALES & MARKETING
MICHAEL HANNIGAN
23 KEEP AVENUE
PAXTON, MA 01612

VICE PRESIDENT OF PRODUCTION
BRIAN GLISPIN
13 EAST STREET
NORTH GRAFTON, MA 01536



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 06, 2020 03:41 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

