State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -9 A 11: 36

1. Entity ID Number	2. Exact name of the Corporation			
000062343	SUNNYLAND. INC.			
3. Principal Office Address		City	State	Zip
21 RIMWOOD DRIVE		SMITHFIELD	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	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 ☐

President Name: RALPH MANGIARELLI, 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 ☐

Director Name: RALPH MANGIARELLI. JR			Director Name: CAROL MANGIARELLI		
Street Address: 21 RIMWOOD DRIVE			Street Address: **21 RIMWOOD DRIVE**		
City: SMITHFIELD	State: RI	Zip: 02886	City: **SMITHFIELD**	State: **RI**	Zip: **02917**
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: 1-31-2021

Signature of Authorized Representative:

FILED

FEB 09 2021

BY On Call 1655
11:36

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

FORM 630 - Revised: 10/2017