



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

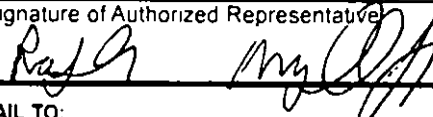
→ Filing period: January 1 - March 1

→ 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 000062343		2. Exact name of the Corporation SUNNYLAND, INC.			
3. Principal Office Address 21 RIMWOOD DRIVE			City SMITHFIELD	State RI	Zip 02917
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 ☐					
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			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 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 09 2021

BY On Oct 16 55
11:36

FORM 630 - Revised 10/2017