RI SOS Filing Number: 202193562370 Date: 3/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

MAR 03 2021

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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.

1. Entity ID Number	2. Exact name of the Corporation
001665021	Sunday Child, Inc.

3. Principal Office Address	City	State	Zip
Admiral's Gate Tower, 221 Third St., Suite 510	Newport	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
488330	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 ☐

President Name: N. Martin Prakken			Vice-President Name:		
Street Address: Admiral's Gate Tower, 221 Third St., Suite 510			Street Address:		
City: Newport	State: RI	Zip: 02840	City:	State:	Zip:
Secretary Name: Steven M. McInnis			Treasurer Name: N. Martin Prakken		
Street Address: Admiral's Gate Tower, 221 Third St., Suite 510			Street Address: Admiral's Gate Tower, 221 Third St., Suite 510		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N. Martin Prakken			Director Name:		
Street Address: Admiral's Gate Tower, 221 Third St., Suite 510			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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	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.

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	Date
Steven M. McInnis	2/4/21
Signature of Authorized Representative: Steven M. McInnis	

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: 08/2020