



State of Rhode Island

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.

FILED

MAR 08 2021

BY

2491

1. Entity ID Number 57527		2. Exact name of the Corporation SUNAL REALTY CORPORATION			
3. Principal Office Address 10 Valley View Drive			City North Smithfield	State RI	Zip 02896
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Property Management of Real Estate Owned			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alexander J. Biliouris			Vice-President Name Alexander J. Biliouris		
Street Address P.O. Box 1170			Street Address P.O. Box 1170		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Secretary Name Alexander J. Biliouris			Treasurer Name Vasilios Kritharas		
Street Address P.O. Box 1170			Street Address 147 Fairview Avenue		
City Slatersville	State RI	Zip 02876	City Belmont	State MA	Zip 02178
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Alexander J. Biliouris			Director Name Vasilios Kritharas		
Street Address P.O. Box 1170			Street Address 147 Fairview Avenue		
City Slatersville	State RI	Zip 02876	City Belmont	State MA	Zip 02178
Director Name None			Director Name None		
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		
			600		
			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 Alexander J. Biliouris					Date 3-1-21
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