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THE REAL PROPERTY.
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Annua

Website: www.scs.ri.gov

State of Rhode Island

Department of		_	Division			•		
Annual Report for the year Corporation		REC	EIVED	·				
Filing period: February 1 - May 1			RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV					
→ Filing Fee: \$50.00				900 3	ing takan kak			
→ Penalty: Additional \$25.0 1. Entity ID Number								
000110594		2. Exact name of the Corporation SUN & DAWN INC						
3. Principal Office Address	City	•	State	Zip				
575 MAIN ST			WOONSOCKET		RI	02895		
4. NAICS Code 4. V S / D 5. State of Incorporation		iption of the charac ${\cal N}{\cal V}$ en let		TOR C	Island			
RI 7. List ALL officers (names and					ay to indicate	on ottochowut 🗆		
President Name MAHER TAI	Check the box to indicate an attachment ☐ Vice-President Name MAHER TANBAKJI							
Street Address 575 MAIN ST	Street Address 575 MAIN ST							
City WOONSOCKET	State RI	^{Zip} 02895	City WOONSOCKET		State RI	^{Ζιρ} 02895		
Secretary Name	<u> </u>		Treasurer Name			102093		
Street Address	Street Address							
Oity	State	Zıp	City		State	Zıp		
8. List ALL directors (names and	d addresses)			Check the b	ox to indicate	e an attachment 🔲		
Director Name MAHER TAN			Director Name					
Street Address 575 MAIN ST	Street Address							
City WOONSOCKET	State RI	^{Zıp} 02895	City		State	Zip		
Director Name	<u> </u>		Director Name			<u></u>		
Street Address			Street Address	<u> </u>				
City	State	Zip	City		State	Žip		
9. Shares Authorized		10. Shares Iss	ued Check the		box to indicat	e an attachment		
This information is currently of record in the Department of State.		NUMBER OF	SHARES					
Changes require an additional filing.		1000		CNP		φ		
11. This report must be available	d an haball at the		Abarrana	W 0				
11. This report must be execute ceiver or trustee, this report must	st be executed on	behalf of the corpo	ration by the rec	eiver or trustee.				
Under penalty of perjury, I dec statements, and that all states				ncluding any accor	npanying so	hedules and		
Name of Authorized Representa		nerem are true an	a correct.		Date V	2 21/0		
MAHER			8/3/23	FILED				
Signature of Authorized Representative			• • • • • • • • • • • • • • • • • • • •	FILED 14	(OCT 1 1 2023		
MAIL TO:	i war-ey		Tillitain seatour terr	AUC A 3 2022		manual Company of the State of		
Division of Business Services	ada lala 2000 (4.0)	-AE		AUG 0 4 2023	וטי	010116		
148 M. River Street, Providence, Rh Phone: (401) 222-3040	1000 ISIANG UZ9U4-21	918						

FORM 630- Revised 1947-19