



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.

1. Entity ID Number 000954859		2. Exact name of the Corporation SUN INDUSTRIAL, INC.		2023 NOV 14 A 11:52	
3. Principal Office Address 100 RICHEYVILLE ROAD, P.O. BOX 0			City RICHEYVILLE	State PA	Zip 15358
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island NONRESIDENTIAL GENERAL CONTRACTOR			
5. State of Incorporation PA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name KATHY PACKRALL			Vice-President Name MIKE PACKRALL		
Street Address 100 BRIDGE AVE			Street Address 100 BRIDGE AVE		
City CLARKSVILLE	State PA	Zip 15322	City CLARKSVILLE	State PA	Zip 15322
Secretary Name KATHY PACKRALL			Treasurer Name KATHY PACKRALL		
Street Address 100 BRIDGE AVE			Street Address 100 BRIDGE AVE		
City CLARKSVILLE	State PA	Zip 15322	City CLARKSVILLE	State PA	Zip 15322
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name KATHY PACKRALL			Director Name MIKE PACKRALL		
Street Address 100 BRIDGE AVE			Street Address 100 BRIDGE AVE		
City CLARKSVILLE	State PA	Zip 15322	City CLARKSVILLE	State PA	Zip 15322
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	COMMON	5.00
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. <i>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.</i>					
Name of Authorized Representative KATHY PACKRALL, PRESIDENT					Date 8/21/20223
Signature of Authorized Representative 					

FILED

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

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BY IKGFB  
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