



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

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

2023 NOV 14 A 11:52

1. Entity ID Number 000954859		2. Exact name of the Corporation SUN INDUSTRIAL, INC.	
3. Principal Office Address 100 RICHEYVILLE ROAD, P.O. BOX 0		City RICHEYVILLE	State PA
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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KATHY PACKRALL		Vice-President Name MIKE PACKRALL	
Street Address 100 BRIDGE AVE		Street Address 100 BRIDGE AVE	
City CLARKSVILLE	State PA	City CLARKSVILLE	State PA
Zip 15322		Zip 15322	
Secretary Name KATHY PACKRALL		Treasurer Name KATHY PACKRALL	
Street Address 100 BRIDGE AVE		Street Address 100 BRIDGE AVE	
City CLARKSVILLE	State PA	City CLARKSVILLE	State PA
Zip 15322		Zip 15322	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name KATHY PACKRALL		Director Name MIKE PACKRALL	
Street Address 100 BRIDGE AVE		Street Address 100 BRIDGE AVE	
City CLARKSVILLE	State PA	City CLARKSVILLE	State PA
Zip 15322		Zip 15322	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		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. 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 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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FORM 630- Revised: 04/2023