



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|   |                 |   |                           |
|---|-----------------|---|---------------------------|
| 1. Entity ID Number<br><b>000954859</b>   |                 | 2. Exact name of the Corporation<br><b>SUN INDUSTRIAL, INC.</b>   |                           |
| 3. Principal Office Address<br><b>100 RICHEYVILLE ROAD, P.O. BOX O</b>  |                 | City<br><b>RICHEYVILLE</b>  | State<br><b>PA</b>        |
| 4. NAICS Code<br><b>236200</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>NONRESIDENTIAL GENERAL CONTRACTOR</b> |                           |
| 5. State of Incorporation<br><b>PA</b>  |                 | Zip<br><b>15358</b>   |                           |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |                           |
| President Name <b>KATHY PACKRALL</b>  |                 | Vice-President Name <b>MIKE PACKRALL</b>  |                           |
| Street Address <b>100 BRIDGE AVE</b>  |                 | Street Address <b>100 BRIDGE AVE</b>  |                           |
| City <b>CLARKSVILLE</b>   | State <b>PA</b> | City <b>CLARKSVILLE</b>   | State <b>PA</b>           |
| Zip <b>15322</b>  |                 | Zip <b>15322</b>  |                           |
| Secretary Name <b>KATHY PACKRALL</b>  |                 | Treasurer Name <b>KATHY PACKRALL</b>  |                           |
| Street Address <b>100 BRIDGE AVE</b>  |                 | Street Address <b>100 BRIDGE AVE</b>  |                           |
| City <b>CLARKSVILLE</b>   | State <b>PA</b> | City <b>CLARKSVILLE</b>   | State <b>PA</b>           |
| Zip <b>15322</b>  |                 | Zip <b>15322</b>  |                           |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |                           |
| Director Name <b>KATHY PACKRALL</b>   |                 | Director Name <b>MIKE PACKRALL</b>  |                           |
| Street Address <b>100 BRIDGE AVE</b>  |                 | Street Address <b>100 BRIDGE AVE</b>  |                           |
| City <b>CLARKSVILLE</b>   | State <b>PA</b> | City <b>CLARKSVILLE</b>   | State <b>PA</b>           |
| Zip <b>15322</b>  |                 | Zip <b>15322</b>  |                           |
| Director Name   |                 | Director Name   |                           |
| Street Address  |                 | Street Address  |                           |
| City  | State           | City  | State                     |
| Zip   |                 | Zip   |                           |
| 9. Shares Authorized  |                 | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                           |
| This information is currently of record in the Department of State.   |                 | NUMBER OF SHARES  |                           |
| Changes require an additional filing.   |                 | CLASS/SERIES  |                           |
|   |                 | 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<br><b>KATHY PACKRALL, PRESIDENT</b>   |                 |   | Date<br><b>8/21/20223</b> |
| Signature of Authorized Representative  |                 |   |                           |

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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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