



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.

2025 FEB -3 PM 12:28

1. Entry ID Number 000095548		2. Exact name of the Corporation Sunny Market Place, Inc.			
3. Principal Office Address 243 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 445299		6. Brief description of the character of business conducted in Rhode Island To operate a wholesale & retail market			
5. State of Incorporation Rhode Island		Title: 7-1.1-51			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Narin Yin		Vice-President Name Narin Yin			
Street Address 185 Salem Avenue		Street Address 185 Salem Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Narin Yin		Treasurer Name Narin Yin			
Street Address 185 Salem Avenue		Street Address 185 Salem Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		Common	No Par
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 Narin Yin					Date 01/30/25
Signature of Authorized Representative <i>Narin Yin</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY BXSFX