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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
57527	SUNAL REALTY CORPORATION			
3. Principal Office Address		City	State	Zip
10 Valley View Drive		North Smithfield	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531311	Property Management of Real Estate Owned			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Alexander J. Biliouris			Vice-President Name: Alexander J. Biliouris		
Street Address: P.O. Box 1170			Street Address: P.O. Box 1170		
City: Slatersville	State: RI	Zip: 02876	City: Slatersville	State: RI	Zip: 02876
Secretary Name: Alexander J. Biliouris			Treasurer Name: Christina Kritharas		
Street Address: P.O. Box 1170			Street Address: 147 Fairview Avenue		
City: Slatersville	State: RI	Zip: 02876	City: Belmont	State: MA	Zip: 02178

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Alexander J. Biliouris			Director Name: Christina Kritharas		
Street Address: P.O. Box 1170			Street Address: 147 Fairview Avenue		
City: Slatersville	State: RI	Zip: 02876	City: Belmont	State: MA	Zip: 02178
Director Name: None			Director Name: None		
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	Common	No 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	Date
Alexander J. Biliouris	2-6-25

Signature of Authorized Representative: X

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