



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.

REC'D 3/12/24 3:55:53
251.187

1. Entity ID Number 126427		2. Exact name of the Corporation Sunn Builders Inc.												
3. Principal Office Address 270 Putnam Pike			City Smithfield	State RI	Zip 02917									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General Building - Construction of commercial and residential real estate												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐									
President Name David Loffredo			Vice-President Name David Loffredo											
Street Address 484 Angell Road			Street Address 484 Angell Road											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
Secretary Name David Loffredo			Treasurer Name David Loffredo											
Street Address 484 Angell Road			Street Address 484 Angell Road											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐									
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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>1</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		1			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100		1												
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 David Loffredo				Date 03/01/2024										
Signature of Authorized Representative 														

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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