


**State of Rhode Island  
Department of State - Business Services Division**
**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.

**FILED**
**MAY 19 2025**

 RECEIVED  
 I. DEPT. OF STATE  
 BUS SVCS DIV

MAY 19 P 4:00

1. Entity ID Number <b>001734034</b>		2. Exact name of the Corporation <b>SUNAPP, INC</b>			
3. Principal Office Address <b>246 DOUGLAS AVENUE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>424480</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE</b>			
5. State of Incorporation <b>RHODE ISLAND</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>ALVARO ORTEGA</b>			Vice-President Name <b>SAME</b>		
Street Address <b>246 DOUGLAS AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>ALVARO ORTEGA</b>			Director Name		
Street Address <b>246 DOUGLAS AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>50,000.00</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>\$0.0100</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>ALVARO ORTEGA</b>					Date <b>02/05/2025</b>
Signature of Authorized Representative <i>X Alvaro Ortega</i>					