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25 SEP 10 AM 9:32:11State 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.

1. Entity ID Number 001666183		2. Exact name of the Corporation Sunshine Sign Company, Inc.	
3. Principal Office Address 121 Westboro Road		City North Grafton	State MA Zip 01536
4. NAICS Code 339950	6. Brief description of the character of business conducted in Rhode Island Custom Design, Fabrication, Installation and Servicing Sigange		
5. State of Incorporation 1994			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Timothy Glispin		Vice-President Name Brian Glispin	
Street Address 23 Prentice Street		Street Address 13 East Street	
City North Grafton	State MA	City North Grafton	State MA Zip 01536
Secretary Name Brian Glispin		Treasurer Name Timothy Glispin	
Street Address 13 East Street		Street Address 23 Prentice Street	
City North Grafton	State MA	City North Grafton	State MA Zip 01536
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Timothy Glispin		Director Name None	
Street Address 23 Prentice Street		Street Address None	
City North Grafton	State MA	City None	State Zip
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State	City None	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
		20,000	none
		none	none
		0.00	none
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 Ofelia Roussel		Date 09/09/2025	
Signature of Authorized Representative 			

FILED

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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FORM 630- Revised 12/2023