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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.

1. Entity ID Number	2. Exact name of the Corporation
001666183	Sunshine Sign Company, Inc.

3. Principal Office Address	City	State	Zip
121 Westboro Road	North Grafton	MA	01536

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339950	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	Zip: 01536	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	Zip: 01536	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	Zip: 01536	City: None	State:	Zip:
Director Name: None			Director Name: None		
Street Address: None			Street Address: None		
City: None	State:	Zip:	City: None	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	20,000	none	0.00
Changes require an additional filing.	none	none	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	Date
Ofelia Roussel	09/09/2025

Signature of Authorized Representative: Ofelia

FILED
SEP 10 2025 9:33
BY PQFQT

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

FORM 620- Revised 12/2023