



STATE OF MONTANA
 SECRETARY OF STATE
 2025 ANNUAL REPORT

STATE OF MONTANA
-FILED-
 SECRETARY OF STATE
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Business Type
 Business Type Domestic Non-Profit Corporation
 Business Sub-Type Public Benefit Corporation without members

Business Name
 Annual Report Year 2025
 Name of Business Entity SUNNYSIDE FARMS, INC.
 Montana File Number D278615
 Country of Organization United States
 State of Organization Montana
 Business Purpose CHARITABLE OR FOUNDATION

Business Mailing Address of Principal Office
 Address PO Box 265
 Clyde Park, MT 59018

Business Physical Address of Principal Office
 Address 104 West First Street
 Clyde Park, MT 59018

The registered agent on record is:
 Registered Agent WENDY BAUWENS
 Non-Commercial Registered Agent
 Agent Number RA00318903
 Email Address
 Website
 Physical Address 104 WEST FIRST ST
 CLYDE PARK, MT 59018
 Mailing Address PO BOX 265
 CLYDE PARK, MT 59018

Directors

Full Name	Business Mailing Address	Position	Email Address
chris sigle	2200 WEST DICKERSON #84 BOZEMAN, MT 59718	Director	montanasiegle@gmail.com
Jeanne Bauwens	1331 North 2nd Avenue Hailey, ID 96816	Director	jeannebauwens@yahoo.com
Cory Trout	25904 SOUTH HAWES ROAD QUEEN CREEK, AZ 85142	Director	cori@troutscorral.com
sally allwardt	20 PORCUPINE ROAD WILSALL, MT 59086	Director	sally.allwards@hotmail.com

Officers

Full Name	Business Mailing Address	Position	Email Address
Chris Siegle	2200 WEST DICKERSON BOZEMAN, MT 59718	Vice-president	montanasiegle@gmail.com

Jeanne Bauwens	1331 North 2nd Avenue Hailey, ID 96816	Secretary	jeannebauwens@yahoo.com
Wendy Bauwens	PO BOX 265 CLYDE PARK, MT 59018	Treasurer	wcbauwens@gmail.com
Wendy Bauwens	PO Box 265 Clyde Park, MT 59018	President	wendy@sunnysidefjords.org

Declarations

- I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.
- I have been authorized by the business entity to file this document online.
- I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<i>Self</i>	<i>Wendy Bauwens</i>	<i>01/09/2025</i>
_____ Signer's Capacity	_____ Sign Here	_____ Date
Position	President	

Daytime Contact

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Email	wendy@sunnysidefjords.org