



STATE OF MONTANA
SECRETARY OF STATE
2026 ANNUAL REPORT

STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number: 16923181

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Business Type	Domestic Non-Profit Corporation		
Business Type	Public Benefit Corporation without members		
Business Name			
Annual Report Year	2026		
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>01/09/2026</i>
Signer's Capacity	Sign Here	Date

Position	Presiding Officer Board of Directors
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Daytime Contact	
Phone Number	(406) 223-6933
Email	wendy@sunnysidefjords.org