



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 121938		2. Name of Corporation SAUGY INC.	
3. Street Address Principal Business Office 9 SACHEM DRIVE		City CRANSTON	State RI
4. Business Phone No. 401-640-1879		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island Broker of Saugy Brand Products			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARY E. O'BRIEN		Vice President Name PETER F. PARRELLA III	
Street Address 9 SACHEM DRIVE		Street Address 9 SACHEM DRIVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name MARY E. O'BRIEN		Treasurer Name MARY E. O'BRIEN	
Street Address 9 SACHEM DRIVE		Street Address 9 SACHEM DRIVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MARY O'BRIEN		Director Name none	
Street Address 9 SACHEM DRIVE		Street Address	
City CRANSTON	State RI	City	State
Zip 02920		Zip	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares	Class/Series
		Par Value	
		none	

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.

File Date 2-19-09
Check No. 1121
By: mmc
FOR SECRETARY OF STATE USE ONLY

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.

Signature Mary E. O'Brien Date 1-23-09
Print or Type Name
President
Title