

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

mojeti to a penatty fee of \$23.00.			• , , , , , , , ,	presented by u	uv (n.1,G.L. 7-1.2-1501(e&d)) is
1 Corporate ID No. 13 125 7	2. Name of Corporation SANSOUCT		SOCIATES, INC		
3. Street Address Principal Business 58 HILLTOP	Office AVE		PROVIDENCE	State	02908
4. Business Phone No. 401-274-55	47	5. State of Incorporation			02/00
6. Brief Description of the Character	of Business Conducted in	Rhode Island			
A THE PROPERTY OF	OF THE OFFICERS	TKING DES	GIGN SERVICES ACHMENT)   FILL IN SPA	CES REFORE VIEWS	Lawre Care Care
President Name  DONALD SANSOUCY			Vice Fresident Name	CES BEFORE USING	ATTACHMENTS
Street Address			Street Address		<del></del>
City 150 HILLIO	State	Zip			
RROVIDENCE	1 121	02908	City	Siale	Zip
Secretary Name	·		Treasurer Name HITANC 54	N6011 (Y	
Street Address			HUANG SANSOUCT		
City	State	Zip	Gily 60 HILLT	OP AVE,	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	IS. ("V" BOV FOR	PROVIDENCE	=  R1	02908
Director Name	or the birector	O CA BUX FUR AT	TACHMENT)   FILL IN SP.	ACES BEFORE USING	G ATTACHMENTS
Street Address			Street Address		
			Sirver nuaress		
City	State	Zip	City	State	Zip
Director Name		.J	Director Name		
Street Address			Street Address		
City	State	724			_
·	l source	Zip	City	State	Zip
9. SHARES AUTHORIZED		•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of			ISSUED SHARES — THIS SECTION  Number of Shares	N MUST BE COMPLETED  Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			0	10	Tur suite
				+ 0	0
This report must be executed	on hehalf of the	opation by the state of the sta	<u> </u>	<u> </u>	
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorized	ed representative. If the corpo- or trustee.	ration is in the hands	of a receiver or trustee,
			I Indae con-100 - 6 - 3	. 7	
— FIL	ED	1	including any accompan	lying schedules and state	at I have examined this repor ements, and that all statement
File Date SEP 2	7 2011		contained herein are true	e and correct.	4 0
Check No	nnc		Signature ( )	X Warson	Date 9-25-
19			HUADO	G SANSOUL	7
By:			Print or Type Name TREAS	110=0	
FOR SECRETARY OF STAT	TE USE ONLY		Tule   KEA >	unch	
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