



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 18982		2. Exact name of the Corporation SAO Realty Company			
3. Principal office address 138 Warren Avenue		City East Providence		State RI	Zip 02914
4. Business Phone No. 401-245-0302		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Rentals					
President Name David Rodrigues			Vice-President Name Kathleen Rodrigues		
Street Address 126 Birch Swamp Road			Street Address 126 Birch Swamp Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Helen Rodrigues			Treasurer Name Helen Rodrigues		
Street Address 126 Birch Swamp Road			Street Address 126 Birch Swamp Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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.

Helen Rodrigues
Signature of Authorized Representative

2/25/15
Date

Helen Rodrigues

Print or Type Name of Authorized Representative

FILED

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By *0243661*

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