

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 2016

1. Entity ID No.	2. Exact nai	2. Exact name of the Corporation				
111033	Sasa B	Sasa Brothers, Inc.				
3. Principal office address 20 Scituate Avenue			City Johnston	State RI	Zip 02919	
4. Business Phone No. 944-3040			5. State of Incorporation Rhode Island			
. Brief description of the o	character of busines	s conducted in Rhode Island	1			
LIST ALL OF HOERS	NAMES AND ADDE	LESSES) ("X" BOX FOR A				
President Name Bachar Sasa			Vice-President Name Ayman Saseh			
Street Address 40 1/2 Hopkins Avenue			Street Address 83 Deerfield Drive			
Dity Johnston	State RI	Zip 02919	City West Warwick	State RI	Zip 02893	
Secretary Name Bachar Sasa			Treasurer Name Ayman Saseh			
Street Address 40 1/2 Hopkins Avenue			Street Address 83 Deerfield Drive			
ity Johnston	State RI	Zip 02919	City West Warwick	State RI	Zip 02893	
	(NAMES AND ADD	RESSES) ("X" BOX FOR,	t to you to the term of the te	V TO THE CONTROL OF T	THE PROPERTY OF THE PROPERTY O	
Pirector Name Bachar Sasa			Director Name Ayman Saseh			
Street Address 40 1/2 Hopkins Ave	nue		Street Address 83 Deerfield Dr	ive		
Dity Johnston	State RI	Zip 02919	City West Warwick	State RI	Zip 02893	
irector Name			Director Name			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED	m		10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT) 🔲 🚟 🚾 🚉	
rie information le ourrer	athr of record in the	Office of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		200	Common	\$1.00		
This report must be execu		corporation by an authorize st be executed on behalf of			ls of a receiver or trustee,	
File Date		mis Ph	this report, including	erjury, relectare and affi ng any recompanying s ents contained herely a	rm that I have examined the chedules and statement retrue and correct	
Check No		FILED or	Dw		De' 9/1/16	
SEP 0 6 2016			Signature of Authorized Representative Date			
FOR SECRETARY OF STATE USE ONLY			Bachar Sasa, President Print or Type Name of Authorized Representative			
rm No. 630	BY	ω 010	Print of Type Name	or Authorized Hepresent	ative	