



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 000153172 | | 2. Exact name of the Corporation S Management, Inc | | | |
| 3. Principal Office Address 95 Sockanosset Cross Road, Suite 203 | | City Cranston | | State RI | Zip 02920 |
| 4. NAICS Code 53 - Real Estate and Rental <input checked="" type="checkbox"/> | | 6. Brief description of the character of business conducted in Rhode Island Real Estate Developers*Property Managers*Advisors | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Jeffrey Saletin | | | Vice-President Name | | |
| Street Address 95 Sockanosset Cross Road, Suite 203 | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Jeffrey Saletin | | | Director Name | | |
| Street Address 95 Sockanosset Cross Road, Suite 203 | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | None None N/A | | |
| | | | | | |
| 11. 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. | | | | | |
| Name of Authorized Representative Jeffrey Saletin | | | | | Date 1/19/17 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-8040
Website: www.sos.ri.gov

FILED
JAN 23 2017
BY 4253 RS