2/27/2017 4:00:00 PM

	O	201735035930	
State of Rhode Island a Department of S	and Providence Pla State - Busine	antations ess Services Div	vision
Annual Report for the y	year: 2017		

Corporation									
→ Filing period: January	1 - March 1								
→ Filing Fee: \$50.00	•								
→ Penalty: Additional \$25.	00 fee if form is no	ot filed by April 1.							
		2. Exact name of the Corporation							
1. Entity ID Number									
88035	SGC CORP.								
3. Principal Office Address	<u> </u>	-	City		State	Zip			
297 COWESETT AVENUE				WEST WARWICK		02893			
	[0.D] (1.1)		eter of business	conducted in Dhode					
4. NAICS Code				conducted in Rhode	15lai lu				
53 - Real Estate and Rental	REAL ESTA	TE SALES AND F	(ENTALS						
5. State of Incorporation									
RHODE ISLAND	İ								
				Chas	k the hey to indi	cate an attachment			
7. List ALL officers (names and	d addresses)		Vice Preside						
President Name WILLIAM CRA	USMAN		Vice-rieside	Vice-President Name SHARON GRADY-CRAUSMAN					
			Street Addres						
Street Address 297 COWESET	T AVENUE			Street Address 297 COWESETT AVENUE					
	State RI	Zip	City	WARWICK	State RI	Zip 02893			
^{City} WEST WARWICK	RI	^{Zip} 02893	WEST	WARWICK	Ki	02093			
Secretary Name	Secretary Name			Treasurer Name WILLIAM CRAUSMAN					
Secretary Name SHARON GRADY-CRAUSMAN			· · · · · · · · · · · · · · · · · · ·						
Street Address 297 COWESET	TAVENUE		Street Addres	SS 297 COWESETT	AVENUE				
297 GOWESE1				231 001120211					
City WEST WARWICK	State RI	^{Zip} 02893	City WEST	WARWICK	State RI	^{Zip} 02893			
					li the best to indi	cate an attachment			
8. List ALL directors (names a	nd addresses)		Director Nam		ck the box to indi	cate an attachment			
Director Name WILLIAM CRAU	JSMAN		Director Nam	ie –					
			Street Addre	SS					
Street Address 297 COWESET	T AVENUE		01.001710010						
	Ctata	Zip	City	<u> </u>	State	Zip			
City WEST WARWICK	RI State	^{Zip} 02893	_						
Director Name			Director Nan	ne	· · · · · · · · · · · · · · · · · · ·	.			
					- <u>-</u>				
Street Address			Street Addre	SS					
					Toirte	17:			
City	State	Zip	City		State	Zip			
		40.01		Char	ak the bey to indi	cate an attachment			
9. Shares Authorized	and in the	10. Shares Is	SUEC OF SHARES	CLASS/SEF		PAR VALUE			
This information is currently of Department of State.	recora in the		01 010 010	COMMON		NPV			
Department of Outc.		100		COMMICH					
Changes require an additional	filing.								
					at t t at	hands of a respirer of			
11. This report must be execu	ted on behalf of the	corporation by an	authorized repr	esentative. If the cor	poration is in the	enands of a receiver of			
trustee, this report must be ex Under penalty of perjury, I d	ecuted on behalf o	the corporation by	the receiver or	including any acc	omnanvina sch	edules and			
Under penalty of perjury, I destatements, and that all states	leciare and amirin Iomonte container	mat i nave exami I horoin are true a	neu uns report, nd correct.	mondaning any acc	ompanying con				
Name of Authorized Represer	ntative	merem are trac a	114 001/100		Date				
· · · · · · · · · · · · · · · · · · ·	nao				2-22	-10			
WILLIAM CRAUSMAN					9.55	1 /			
Signature of Authorized Repre	esentative			A C - VAL - WW-					
W/ X/		SIGN DO	CUMENT H	HREGO PA	_				
L				No. 14 d less 8 d	OV				
//				A 14 YEAR TOLK STUDY	-				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016