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 2017

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**

2017 MAR 31 PM 2:06
RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID No.	2. Exact name of the Corporation		
111033	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		
6. Brief description of the character of business conducted in Rhode Island			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Bachar Sasa	40 1/2 Hopkins Avenue	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Ayman Saseh	83 Deerfield Drive	West Warwick	RI	02893

Secretary Name	Street Address	City	State	Zip
Bachar Sasa	40 1/2 Hopkins Avenue	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Ayman Saseh	83 Deerfield Drive	West Warwick	RI	02893

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Bachar Sasa	40 1/2 Hopkins Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Ayman Saseh	83 Deerfield Drive	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$1.00

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 31 2017

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.

Signature of Authorized Representative — Date: 3/30/2017

Bachar Sasa, President
Print or Type Name of Authorized Representative

By 299921
3106

Form No. 630
Revised: 01/2012