



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

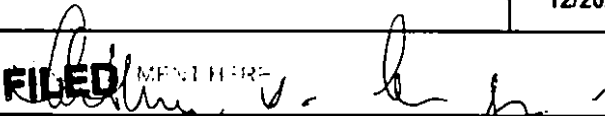
Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS
DIVISION
2018 JAN 16 PM 1:59

1. Entity ID Number 979923		2. Exact name of the Corporation SA INVESTMENTS, INC.			
3. Principal Office Address P.O. BOX 6650			City PROVIDENCE	State R.I.	Zip 02940
4. NAICS Code 531390 53 - Real Estate & Rental		6. Brief description of the character of business conducted in Rhode Island Buy, Sell, Rent, Hold Real Estate of all Nature			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name SATHUAN K. SA			Vice-President Name		
Street Address P.O. BOX 6650			Street Address		
City PROVIDENCE	State R.I.	Zip 02907	City	State	Zip
Secretary Name SATHUAN K. SA			Treasurer Name SATHUAN K. SA		
Street Address P.O. BOX 6650			Street Address P.O. BOX 6650		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$.01	
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 SATHUAN K. SA, PRESIDENT				Date 12/20/2017	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 16 2018

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