RI SOS Filing Number: 201856206170 Date: 1/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.

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.

1. Entity ID Number	2. Exact name of the Corporation		
979923	SA INVESTMENTS, INC.		
3. Principal Office Address	City	State	Zip
P.O. BOX 6650	PROVIDENCE	R.I.	02940
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island		
53 - Real Estate & Rental	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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$.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	Date
SATHUAN K. SA, PRESIDENT	12/20/2017

Signature of Authorized Representative

FILED SIGN HERE

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
BY 4422

FORM 630 - Revised: 10/2017