



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
 SECRETARY OF STATE
 2018 FEB -9 PM 1:47

1. Entity ID Number 155141		2. Exact name of the Corporation SATTI CONSTRUCTION, INC.			
3. Principal Office Address C/O JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.			City LINCOLN	State RI	Zip 02865
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION NAICS CODE 236220			
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 DAVID W. SATTI			Vice-President Name KAREN R. SATTI		
Street Address 32 QUISSETT ROAD			Street Address 32 QUISSETT ROAD		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
Secretary Name DAVID W. SATTI			Treasurer Name KAREN R. SATTI		
Street Address 32 QUISSETT ROAD			Street Address 32 QUISSETT ROAD		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID W. SATTI			Director Name KAREN R. SATTI		
Street Address 32 QUISSETT ROAD			Street Address 32 QUISSETT ROAD		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NO PAR VALUE		
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 DAVID W. SATTI					Date 2-3-18
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

SIGN DOCUMENT HERE

FILED
 FEB 09 2018
 BY **KL 323882**
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