RI SOS Filing Number: 201858259570 Date: 2/13/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

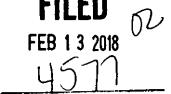
Corporation

→ Filing period: January 1 - March 1

1. Entity ID Number 000153172		2. Exact name of the Corporation S Management, Inc					
	3 Mariay	ement, inc	10%		ICtoto	17:	
3. Principal Office Address 95 Sockanosset Cross Road, Suite 203			City Cranston		State RI	Zip 02920	
4. NAICS Code	6 Brief descr	ription of the charac	ter of business condu	cted in Rhode Isla	l and		
53 1170		Real Estate Developers*Property Managers*Advisors					
5. State of Incorporation Rhode Island							
7. List ALL officers (names a	and addresses)	·	-	Check th	e box to indi	cate an attachment	
President Name Jeffrey Salet	tin		Vice-President Nam	ne			
Street Address 95 Sockanos	Street Address						
City Cranston	State RI	Zip 02920	City		State	Zip	
Secretary Name				Treasurer Name			
reet Address			Street Address				
City	State	Zip	City		State	Zip	
B. List ALL directors (names	and addresses)			Check th	ne box to indi	cate an attachment	
Director Name			Director Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	· ·	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	. Ζιρ	
Shares Authorized			10. Shares Issued		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
This information is currently of record in the Department of State.		NUMBER O	NUMBER OF SHARES			PAR VALUE	
Changes require an additional filing.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_____			0	
44. This repeat would be accept					<u> </u>		
 This report must be executed that the executed that t	executed on behalf of	the corporation by	the receiver or trustee	e			
Under penalty of perjury, i statements, and that all st	atements contained	that i have examin herein are true ai	ed this report, included the correct.	ding any accomp	enying sch	edules and	
Name of Authorized Represe	entative				Date		
Jeffrey Saletin					<u> </u>	9/18	
Signature of Authorized Rep	oresentance	SIGN DO	CUMENT HORE				
		-		LCN			

Division of Business Services 148 W. River Street, Providence, Ruode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov



FORM 630 - Revised: 10/2017

STAMP