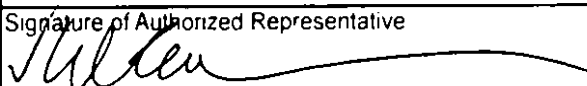






State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 88035		2. Exact name of the Corporation SGC CORP.			
3. Principal Office Address 297 COWESTT AVENUE			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES AND RENTALS			
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 WILLIAM CRAUSMAN			Vice-President Name SHARON GRADY-CRAUSMAN		
Street Address 297 COWESETT AVENUE			Street Address 297 COWESETT AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name SHARON GRADY-CRAUSMAN			Treasurer Name WILLIAM CRAUSMAN		
Street Address 297 COWESETT AVENUE			Street Address 297 COWESETT AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK RI	State 02893	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM CRAUSMAN			Director Name		
Street Address 297 COWESETT AVENUE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
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 100	CLASS/SERIES COMMON	PAR VALUE NPV
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 WILLIAM CRAUSMAN				Date 01/27/2018	
Signature of Authorized Representative 			SIGNED AND SUBMITTED BY FILED 		

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED 

FEB 20 2018

BY 1633 FORM 630 - Revised: 10/2017