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	2. Exact name of the Corporation		
88035	SGC CORP.		
3. Principal Office Address	City	State	Zip
297 COWESTT AVENUE	WEST WARWICK	RI	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 ☐

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 ☐

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

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	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	Date
WILLIAM CRAUSMAN	01/27/2018

Signature of Authorized Representative: William Crausman — SIGNATURE ON FILE

FILED

FEB 20 2018

BY 1633

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

FORM 630 - Revised: 10/2017