



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

**Annual Report for the year: 2019**  
**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<br><b>486188</b>   |                    | 2. Exact name of the Corporation<br><b>S &amp; S ENTERPRISE, INC.</b>  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
|--|--------------------|--|--|--------------------|---------------------|------------------|--------------|-----------|-----|--------|--------|--|--|--|
| 3. Principal Office Address<br><b>74 BROAD STREET</b>  |                    |  | City<br><b>WOONSOCKET</b>                      | State<br><b>RI</b> | Zip<br><b>02895</b> |                  |              |           |     |        |        |  |  |  |
| 4. NAICS Code<br><b>811111</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>AUTOMOBILE REPAIRS AND INSPECTIONS</b>   |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| President Name<br><b>STEVEN SAAD</b>   |                    |  | Vice-President Name<br><b>RENE ARCHAMBAULT</b> |                    |                     |                  |              |           |     |        |        |  |  |  |
| Street Address<br><b>133 VICTORY HIGHWAY</b>   |                    |  | Street Address<br><b>989 GREAT ROAD</b>        |                    |                     |                  |              |           |     |        |        |  |  |  |
| City<br><b>MAPLEVILLE</b>  | State<br><b>RI</b> | Zip<br><b>02839</b>  | City<br><b>LINCOLN</b>                         | State<br><b>RI</b> | Zip<br><b>02895</b> |                  |              |           |     |        |        |  |  |  |
| Secretary Name<br><b>DEBORAH ARCHAMBAULT</b>   |                    |  | Treasurer Name<br><b>AIMEE SAAD</b>            |                    |                     |                  |              |           |     |        |        |  |  |  |
| Street Address<br><b>989 GREAT ROAD</b>  |                    |  | Street Address<br><b>133 VICTORY HIGHWAY</b>   |                    |                     |                  |              |           |     |        |        |  |  |  |
| City<br><b>LINCOLN</b>   | State<br><b>RI</b> | Zip<br><b>02895</b>  | City<br><b>MAPLEVILLE</b>                      | State<br><b>RI</b> | Zip<br><b>02839</b> |                  |              |           |     |        |        |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| Director Name<br><b>STEVEN SAAD</b>  |                    |  | Director Name<br><b>RENE ARCHAMBAULT</b>       |                    |                     |                  |              |           |     |        |        |  |  |  |
| Street Address<br><b>133 VICTORY HIGHWAY</b>   |                    |  | Street Address<br><b>989 GREAT ROAD</b>        |                    |                     |                  |              |           |     |        |        |  |  |  |
| City<br><b>MAPLEVILLE</b>  | State<br><b>RI</b> | Zip<br><b>02839</b>  | City<br><b>LINCOLN</b>                         | State<br><b>RI</b> | Zip<br><b>02895</b> |                  |              |           |     |        |        |  |  |  |
| Director Name<br><b>DEBORAH ARCHAMBAULT</b>  |                    |  | Director Name<br><b>AIMEE SAAD</b>             |                    |                     |                  |              |           |     |        |        |  |  |  |
| Street Address<br><b>989 GREAT ROAD</b>  |                    |  | Street Address<br><b>133 VICTORY HIGHWAY</b>   |                    |                     |                  |              |           |     |        |        |  |  |  |
| City<br><b>LINCOLN</b>   | State<br><b>RI</b> | Zip<br><b>02895</b>  | City<br><b>MAPLEVILLE</b>                      | State<br><b>RI</b> | Zip<br><b>02839</b> |                  |              |           |     |        |        |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
|  |                    | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |                    |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 500 | COMMON | NO PAR |  |  |  |
| NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| 500  | COMMON             | NO PAR   |  |                    |                     |                  |              |           |     |        |        |  |  |  |
|  |                    |  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| 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.<br><b>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.</b> |                    |  |  |                    |                     |                  |              |           |     |        |        |  |  |  |
| Name of Authorized Representative<br><b>STEVEN SAAD</b>  |                    |  | Date<br><b>1/25/19</b>                         |                    |                     |                  |              |           |     |        |        |  |  |  |
| Signature of Authorized Representative<br>   |                    |  | SIGN DOCUMENT <b>FILED</b>                     |                    |                     |                  |              |           |     |        |        |  |  |  |

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 28 2019**

BY 6204

FORM 630 - Revised: 10/2017