



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 62527		2. Exact name of the Corporation SASA ENTERPRIZE, INC.	
3. Principal Office Address 550 ATWOOD AVE.		City CRANSTON	State R-I.
		Zip 02920	
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island AUTOSALES BODY AND SERVICE		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANK A. ZINCONE		Vice-President Name SUSAN ZINCONE	
Street Address 70 SURREY DRIVE		Street Address 70 SURREY DRIVE	
City CRANSTON	State R-I.	City CRANSTON	State R-I.
Zip 02920		Zip 02920	
Secretary Name FRANK A. ZINCONE		Treasurer Name	
Street Address 70 SURREY DRIVE		Street Address	
City CRANSTON	State R-I.	City	State
Zip 02920		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANK A. ZINCONE		Director Name	
Street Address 70 SURREY DRIVE		Street Address	
City CRANSTON	State R-I.	City	State
Zip 02920		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES B, 1.00 PAR VALUE
		PAR VALUE 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 FRANK A. ZINCONE		Date 1/29/19	
Signature of Authorized Representative 		FILED FEB 01 2019	

MAIL TO:
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Website: www.sos.n.gov

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