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	2. Exact name of the Corporation		
62527	SASA ENTERPRIZE, INC.		
3. Principal Office Address	City	State	Zip
550 ATWOOD AVE.	CRANSTON	R.I.	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
441120	AUTOSALES BODY AND SERVICE		
5. State of Incorporation			
R.I.			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
FRANK A. ZINCONE	SUSAN ZINCONE
Street Address: 70 SURREY DRIVE	Street Address: 70 SURREY DRIVE
City: CRANSTON State: R.I. Zip: 02920	City: CRANSTON State: R.I. Zip: 02920
Secretary Name: FRANK A. ZINCONE	Treasurer Name:
Street Address: 70 SURREY DRIVE	Street Address:
City: CRANSTON State: R.I. Zip: 02920	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
FRANK A. ZINCONE	
Street Address: 70 SURREY DRIVE	Street Address:
City: CRANSTON State: R.I Zip: 02920	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	$1.00 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

BY 7268 DS

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