



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

STAMP

2019 FEB -8 PM 3: 27

1. Entity ID Number 67234		2. Exact name of the Corporation SAR Realty Associates, Inc.			
3. Principal Office Address 980 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real estate brokerage and any other lawful business.			
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 Robert A. Scaria			Vice-President Name None		
Street Address 980 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Robert A. Scaria			Treasurer Name Robert A. Scaria		
Street Address 980 Reservoir Avenue			Street Address 980 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			CLASS/SERIES		
			PAR VALUE		
			No 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 Robert A. Scaria					Date 1/15/19
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

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BY CH CH 6754