



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 609826 | | 2. Exact name of the Corporation S&A Holdings, Inc. | |
| 3. Principal Office Address 221 Jefferson Blvd. | | City Warwick | State RI |
| Zip 02888 | | | |
| 4. NAICS Code 339999 | 6. Brief description of the character of business conducted in Rhode Island Sign and awnings manufacture and service | | |
| 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 George C. Daubmann | | Vice-President Name Carolyn Daubmann | |
| Street Address 8897 S.E. Marina Bay Drive | | Street Address 8897 S.E. Marina Bay Drive | |
| City Hobe Sound | State FL | Zip 33455 | City Hobe Sound |
| State FL | Zip 33455 | City Hobe Sound | State FL |
| Secretary Name Carolyn Daubmann | Treasurer Name George C. Daubmann | | |
| Street Address 8897 S.E. Marina Bay Drive | | Street Address 8897 S.E. Marina Bay Drive | |
| City Hobe Sound | State FL | Zip 33455 | City Hobe Sound |
| State FL | Zip 33455 | City Hobe Sound | State FL |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| State | Zip | City | State |
| Director Name | Director Name | | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| State | Zip | City | State |
| 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 | |
| 100 | | PWP | |
| | | \$0.1 | |
| 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 Carolyn Daubmann | | Date 2/19/19 | |
| Signature of Authorized Representative <i>Carolyn Daubmann</i> | | SIGN DOCUMENT HERE | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2816
Phone: (401) 222-3040
Website: www.sos.ri.gov

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