



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

Annual Report for the year: 2019
 Corporation

FILED

MAR 27 2019

BY DSF

- 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 941749		2. Exact name of the Corporation S.A.S. Global, Inc.			
3. Principal Office Address One Jack Pine Road			City Coventry	State RI	Zip 02816
4. NAICS Code 423810		6. Brief description of the character of business conducted in Rhode Island Distribution, sales and leasing of construction equipment accessories.			
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 Amy Lague			Vice-President Name John Matthews		
Street Address One Jack Pine Road			Street Address One Jack Pine Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Amy Lague			Treasurer Name Amy Lague		
Street Address One Jack Pine Road			Street Address One Jack Pine Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name No directors			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
		100		Common	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 Amy Lague, President					Date 3/1/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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