

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthe: A. Brown, Secretary of State

PO CM 12220 Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

FIUNG PETION: JANUARY 1 - M (FORM MUST BE TYPED OR PRIN		ng Fee: 350.00				
1. Corporate ID No.	2. Name of Corporation	on .	<u> </u>			
62527	SASA Enterori	ze. Inc.				
3. Street Address Principal Business ()ffice		City	State	Zip	
550 ATWOOD	AVR		CRANSTON	RI	02920	
4 Business Phone No.		5. State of Incorporation	п		6. SIC Code	
7. Brief Description of the Chamcter	of Business Conducted in	RHODE ISLANI		_	5538	
AUTO SALES BODY AN	*	About Burne				
8. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR AT	TACHMENT) FILL IN SP	ACES BEFORE USIN	G ATTACHMENTS	
President Name	1 ,		Vice President Name	4	_	
	/ Yases.	SASA	RHONDA	A· SAS	A	
Sirver Address 40 Hopi City JOHNSTON	Kins AV	ve	Sircei Address 40 Hopk Gity DOHNSTON	(ins Av	re	
Clly - blay CTO A	State DT	7.ip 2010	City 11 (CT)	State	21p 02919	
			No 1 FN HO (1. 代上	02917	
Sirce Address 40 Hof City JOHNSTON	9 A.	CASA	: reconiter panic	MAD YAS		
Sircei Address 40 Hof	KINS A	ve	Sirvet Address 40 HOPM City JOHNSTON	ins Ave		
City	State O T	7.1p 2610	City T 11 11 C	State	Zip	
				•		
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	RS: ("X" BOX FOR A	ITTACHMENT) FILL IN ! Director Name	SPACES BEFORE US	ING ATTACHMENTS	
Micelly Island			ілгосют кате			
Street Address			Street Address			
Gity Control	State	Zip . I · I	City	Suite	Zip	
Director Name	1	J	Director Name			
	···-· <u>-</u>	<u> </u>				
Street Address			Sireci Address			
City	State	Zip	City	State	Zip	
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10. SHARES AUTIIORIZED	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACI	HMENT)	
AUTHORIZED SHARES		·	ISSUED SHARES	.		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE	Δ	1.00	NONE	İ		
			7,000	-		
				İ		
This report must be s	igned in ink by citl	her the President, Vice	President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee	
		184 1 1 86 1				
					that I have examined this report,	
		٦			itements, and that all statements	
C1. D	-n		contained herein are tr	- Ce K	_ 1_17 00	
File Date	_!		Signature of Officer	<u> </u>	Date	
Check No N. d. u	7_2005					
- Winter			MOHIAMA	```	SASA	
By:Bv			Print or Type Name of O	yjicer 1		
FOR SECRETARY OF STA	TE USE ONLY		Presiden	<u>7</u>		
	-	_	Title of Officer		Form 630 Rev. 12/03	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

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100 No	orth Main Stree.
Providence,	RI 02903-1335
	401.222.3040

2004

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		g Fee: \$50.00			· · · · · · · · · · · · · · · · · · ·		
1. Corporate ID No.	1. Corporate ID No. 2. Name of Corporation						
62527	62527 SASA Enterprize, Inc.						
3. Street Address Principal Busines			City	State	Zip		
	road A	110	CRANSTON	R:T	ر د کده		
4. Business Phone No	VU(X H	5. State of Incorporation	1 = 17/1/03/000	1	6. SIC Code		
(401) 946-55	-112 947 66				Í		
7. Brief Description of the Charact AUTO SALES BODY A	er of Business Conducted in	RHODE ISLAND Rhode Island	 	<u> </u>	5538		
President Name		: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	CES BEFORE USING A	TTACHMENTS		
Mohama Sircer Address	A POCE	3424	RHONDA A	· 2ASA	. —		
	NS AVE		Street Address 40 Hopkins	Ave			
TOHNSTON Socretary Name	State RI	zφ 02919	TUHNSTON	State RI	24p 02919		
RHONDA	A. SAS	A	Treasurer Name Mohama	Yeser	JaJa		
Sireci Address 40 Hoff	State 2	e	Street Address 40 Hopkins Ave				
NOLSAHIOR	RIL	02919	JOHNSTON	State RC	zip 029/5		
9. NAMES AND ADDRESS! Director Name	ES OF THE DIRECTOR	RS: ("X" BOX FOR ATT	Director Name	ACES BEFORE USING	ATTACHMENTS		
Street Address			Street Address		.		
City	State	Zip	City	State	Zip		
Director Name	J	.J	Director Name				
Street Address	-		Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED) ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	I BOX FOR ATTACHME	(זא		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be	signed in ink by eith	er the President, Vice P	resident, Secretary, Assistant Se	ecretary, Treasurer, Rec	civer 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. -16-04



File Date:

Check No .:

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRI) 1. Corporate ID No.	· ·				
62527	2. Name of Corpor SASA Ente				
3. Street Address Principal Busine. 550 A WO			Cranston	RI	21p D 292D 6. SIC Code
7. Bulas Decadastan as the Charac		RHODE ISLAN	ID .		5538
7. Brief Description of the Character AUTO SAIC 8. NAMES AND ADDRE President Name	is, Auto	SICERS ("X" BOX FOR ATTA		BEFORE USING ATTA	ACHMENTS
Mchamad Sirge Address Hook in	YASET	SASA	Vice President Name Rhondal Street Address LANGE	ASASA	
Johnston	State RI	²¹ 702919	Johnston	CINS AVE	
Rhonda A.	SASA		Monama Street Address	d Yaser	Sasa
Johnston	Story ZI	²¹ 629 19	"Johnston	uns an "R.I	202919
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	ZIp	City	State	Zip
Director Name		•	Director Name		• • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	A	1.00	100	A	1.00
			1	-	
This report must be sign	ned in ink by eitl	ner the President, Vice	President, Secretary, Assis	tant Secretary, Treas	surer, Receiver or Truste
 					

By:

FOR SECRETARY OF STATE USE, ONLY

Mohams: 745er 160

Print or Type Name of Officer

Form 630 12/02

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.

Edward S. Inman, III, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

Pd CM # 9692 12-28-01

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corp				
62527		erprize, Inc.	•		
3. Street Address Principal Busine	· · · · · · · · · · · · · · · · · · ·		Clly	State	Zip
550 ATWOO		5. State of Incorporation	CRANSTON	R·I	0292 U 6. SIC Code
(401) 946 2. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island			5538
AUTO Sa 8. NAMES AND ADDRE	les, Body	, and service	· ·		
8. NAMES AND ADDRE	ESSES OF THE OF	FICERS (*X* BOX FOR ATT)	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING AT	TACHMENTS
MOHAMAD Street Address	YASER	SASA	RHUNDA !		
40 Hopkins	AVC State R.I	Zip	.40 Hopkins	AVE	716
JOHNSTON Secretary Name	RI	02919	40 Hopkins Gly TUHNSTON TREASURE NAME		219 2 91 9
RHONDA Street Address	A. S	ASA	Mohlaman Street Address	YASEIR	SASA
40 Hopki.	ns AVR		GO HOPKINS City FOHINSTUN	Ave	
City	State	zip	City	State	ZIP
			JOHNIJON	R I	62915
9. NAMES AND ADDRE	SSES OF THE DI	RECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING A	ATTACHMENTS
			Director (voine		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	K° BOX FOR ATTACHM	IENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	Α	1.00	NONE		0.50
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	<u>.</u>		<u>L</u>	 	
his report must be sign	ned in ink by ei	ther the President, Vice	President, Secretary, Assis	tant Secretary, Tre	easurer, Receiver or Truste



File Date:	1-8-02
Check No.:	9692
	Zu

FOR SECRETARY OF STATE USE ONLY

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.

ml/2m 5=5=	12-28-01
Signature of Officer	Date

YNER JASA

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	STOP
	PLEASE READ INSTRUCTIONS
	INSTRUCTIONS
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(FORM MUST BE TYPED IN BLA				PUCK#	9476
. Corporate ID No. 62527		erprize, Inc.			
Street Address Principal Business 550 A TWOO (Business Phone No.	1_ Ave	5. State of Incorporation	CRANSION	State K.T_	21p 0 2 { 2 c 6. SIC Code 5538
NAMES AND ADDRESS	les Bod	ly and ser	 	EFORE USING ATTA	
MOHAMA	D - YASEA	R _ SA.SA	Vice President Name RHONDA Street Address	_A <i>S</i>	A.TA
JOHNSTON			Gity JOHNSTON Treasurer Name	State R.T	21p 02919
RHOND 40 HOPKI			MOHAMAD Street Address 40 Hog Kins		[ÁSA
TO HNSTON NAMES AND ADDRESS TECTOR Name			TOHNSTON ACHMENT) FILL IN SPACES Director Name	RI	,
eet Address	NONE		Street Address	No No	
	State	Zip	City	State	Zip
ector Name	~ο ~ō	- <u></u>	Director Name Street Address	NONE	·
y	State	Zip	City	State	Zip
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mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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s report must be signe	d in ink by eith	er the President, Vice 1	President, Secretary, Assista	nt Secretary, Treas	surer, Receiver or Trust

	* 6 2 5 2 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
Tile Date:	10-1-01	that all statements contained herein are true and correct.
Check No.:	9476	Signature of Officer Date
 ly:	Zi	Mohamad Yeser Sasa Print or Type Name of Officer
OR SECRETARY	OF STATE USE ONLY	The of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK	ଧ				
1. Corporate ID No. 62527	2. Name of Corporation SASA Enterp	rize, Inc.			
3. Street Address Principal Business Of			City	State	Zip
550 ATWO 4. Business Phone No. (401) 948	od Ave 6-5543	5. State of Incorporation RHODE ISLAND	CRANSTON	RI	02920 6. SIC Code 5538
7. Brief Description of the Character of	Business Conducted in Rh	ode Island	. "	. /	3335
8. NAMES AND ADDRESSE	S OF THE OFFICE	AUTOMO+1 RS (*X* BOX FOR ATTACHI	PE Sales, E	FORE USING ATTACH	Service IMENTS
President Name Mohama Street Address	1 yaser	Sasa	Vice President Name Rhor Street Address	da Ann	SASA
Street Address Mohama 40 Hopkin City JOHNSTON	VS AVE	Zip	CITY 40 HOPKIN	NS AVC	zip 0 2 5 1 9
Secretary Name					
Street Address Rhon da	Ann	SASA	Mohama /	yaser sa	Sa
JOHNSTON	ZINS AV	Zip	40 Hopkin	State	Zip
JOHNSTON	R. [JOHNSTON		02919
9. NAMES AND ADDRESSE Director Name ,	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I Director Name	BEFORE USING ATTAC	HMENIS
Street Address Mohama	yaser _	Sasa	Street Address Rhonda	Ann 5/	ISA
JOHNSTON	State AVE	Zip	cly 40 Hopking		Zip
Director Name		22917	JOHNSTON Director Name		02919
Street Address	NONE		Street Address	NONE	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X * BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAI	. A	1.00	100	Α	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: _	12-84-99	_
Check No.:	7381	
By:	AMF	
	TARY OF STATE USE ONLY	

Under penalty of perjuty, 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.

mel yeser	رصر	12-2	<u>३</u> -१९
Signature of Officer		Date	
Mohamed	Yaser	5959	
Print or Type Name of Officer			

Tille of Officer



es R. Langevin, Secretary of State Corporations Division n Street, Providence, RI 02903-1335 401-277-3040

STATE OF RHODE ISLAND	•	Jam
AND PROVIDENCE PLANTATIONS Office of the Secretary of State		100 North Mair
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PLEASE INSTRUC	

PROFIT CORI			ORT FOR THE	YEAR	PLEASE READ INSTRUCTION
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporate				
62527 3. Street Address Principal Busines	is Office	TERPRIZE, I	AC.	'State	Zip
550 ATWOO	od Ave	5. State of Incorporation	CRANSTON	RÇ	6. SIC Code
(401) 946 - 7. Brief Description of the Charact	ter of Business Conducted in	Rhode Island			
A 470 Ser le 8. NAMES AND ADDRE President Name	SSES OF THE OPFI	CERS ("X" BOX FOR ATTACH	MENT) Vice President Name	Hing fac	inisty
MOHAMAP 7/ Street Address			· Mo HAMAI) Y	AJÊR SAJ	
40 Hopkins	Ave Jo State	Zip	-ciry Hopkins		Zip
Johnston Secretary Name	. RJ	029/9	JOHN TON	. 1 R-T	= 7. 9 1 7.
Mohamy / 7 Street Address	الايلار الع	<i>د</i> م	Street Address	YAJÉR S	ASA
CITY HOPKI	State	Zip	4. Hopkin	State	- Zip
JOHWSTON 9. NAMES AND ADDRE	R' [OZ918 CTORS ("X" BOX FOR ATTA	JoHNS TON	RI.	02919.
Director Name	JJES OF THE DIRE	CIORS (A BOX FOR ALLA	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
10. SHARES AUTHORIZ. AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	VT) ;■
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This report must be sign	ned in ink by eith	er the President, Vice F	resident, Secretary, Assist	ant Secretary, Trea	surer, Receiver or Truste
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FOR SECRETARY OF STATE USE ONLY

File Date: _	JUN 2 8, 1999	
Check No.:	_ 141/13	
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MoHAMAD VAJER SASA Print or Type Name of Officer

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.

Pre Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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riting reriou. jun	uary 1-March 1 -	riing ree. \$30.00			INSURCE HONS
(FORM MUST BE TYPED I	N BLACK)				
1. Corporate ID No.	2. Name of Corporation	on	<u> </u>		
62527 3. Street Address Principal Bo	l	SASA ti	VTERPRIZE,	INC.	
		- , ,	City	State	Zip
550 ATU 1. Business Phone No.	rood Ave	5. State of Incorporation	CRANSTON	R1	02920 6. SIC Code
(401) 946 - 7. Brief Description of the Ch	- 5543 paracter of Business Conducted in	Rhode Island	RI		
	es, Auto B presses of the office	ers the box for attac	CARWASH, Rem	ital, leasing	g and service.
President Name	4		Vice President Name		
/17 0HA Street Address	IMAD YASER	ASA	Street Address		
40 HOPK	IMAD YASER INS AVE State R.I	Zip	City	State	Zip
JOHNJON	R.T	02919			
Secretary Name	·	•	Treasurer Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
	DRESSES OF THE DIREC	CTORS ("X" BOX FOR ATT	ACHMENT)		
Director Name			Director Name		
VIOHA Street Address	MAD YASE Kins Ave R.S	R SASA	Street Address		
40 HOP	Kins AVE				
TOHNETON	State R. T	21p 67 910	City	State	Zip .
Director Name		02 119	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO!	RIZED (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT	· ·
Number of Shares /	O Class/Series A	Par Value 1.0 3	Number of Shares 100	Class/Series A	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED AUG 0 6 1998 By 20015 By 20015	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. Medana Jaser Sasa Bligger Signature of Officer
By:	MOHAMAD YASER SASA Print or Type Name of Officer Pres, Lest Tille of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

TORM MUST BE TITED IN B.	· - · ·			 	THIS ID	
1. Corporate ID No. 62527	2. Name of Corpore SASA En	ection terprize, Inc.				
3. Street Address Principal Busine	ess Office	•	City	State	T Zip	
1393 Plainfield 4. Business Phone No. (401) 946-2591 7. Brief Description of the Charac		5. State of Incorporation RHODE ISLA In Rhode Island	Johnstonee ND	RI	02919 6. SIC Code 5538	
Real Estate Re 8. NAMES AND ADDRI President Name Mohamad Y. Sas	ESSES OF THE OFF	ICERS (*X* BOX FOR ATTAC	CHMENT) Vice President Name Bachar Sasa	-		
Street Address			Street Address	-		
40 Hopkins Ave	nue State RI	zip 02919	83 Deerfield Dr cuy West Warwick	rive State RI	^{z/p} 02893	
Secretary Name Mohamad Y. Sas	 a		Treasurer Name Bachar Sasa		······	• ••
Smeet Address 40 Hopkins Ave	nue		Street Address 83 Deerfield Dr	rive	•	
Johnston	State RI	02919	cny West-Wafwick	State RI	02893	
9. NAMES AND ADDRI Director Name Mohamad Y. Sas		ECTORS ("X" BOX FOR AT	ACHMENT) Director Name Bachar Sasa	-		
Street Address 40 Hopkins Ave	nue		Street Address 83 Deerfield Dr	rive		· -
Cuy Johnston	State RI	02919	City West Warwick	State RI	02893	•
Director Name		• • • •	Director Name		···· · · · · · · · · · · · · · · · · ·	• •
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED AND ISSUED	(*X* BOX FOR ATTACHMENT)	ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series -	Par Value	
100 SHS NO PAR	VAL		100	Common	None	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 2 5 2 7 *
File Date:	3/7/07
Check No.:	1019
By::FOR SECRETARY	OF STATE USE ONLY

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.

mahimun	Frer_	5-5-	3/6/97
Signature of Officer	0	Date	
MOHAMAD	YASEK	SASA	

MOHAMAN YASER SASA
Print or Type Name of Officer

Title of Hillices

PROFIT CORPORATON ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Lungevin, Secretary of State
Corporations Division

100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00 PLEASE TYPE OR PRINT IN BLACK INK. 1. CORPORATE ID NO 2. NAME OF CORPORATION 0062527 Sasa Enterprize, Inc. 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE STATE ZIP CODE ĊITY 1393 Plainfield Street 02919 Johnston RI BUSINESS PHONE NO. 5. STATE OF INCORPORATION 8. SIC CODE (401) 946-2591 Rhode Island 5538 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Real Estate Rental B. NAMES AND ADDRESSES OF THE OFFICERS PRESIDENT NAME VICE PRÉSIDENT NAME Mohamad Y. Sasa Bachar Sasa STREET ADDRESS STREET ADDRESS 40 Hopkins Avenue 83 Deerfield Drive STATE ZIP CODE STATE ZIP CODE Johnston RT 02919 West Warwick RT 02893 SECRETARY NAME REASURER NAME Mohamad Y. Sasa Bachar Sasa STREET ADDRESS STREET ADDRESS 40 Hopkins Avenue 83 Deerfield Drive CITY STATE ZIP CODE STATE ZIP ÇODE 02893 02919 RI RI Johnston Johnston ADDRESSES DIRECTORS AND 0 F N A M E S THE DIRECTOR NAME DIRECTOR NAME Mohamad Y. Sasa Bachar Sasa STREET ADDRESS STREET ADDRESS 40 Hopkins Avenue 83 Deerfield Drive STATE ZJP COOE ZIP COOE 02919 West Warwick RI 02893 Johnston RI DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS CITY STATE ZIP CODE CITY STATE ZIP CODE AUTHORIZED 1 0. SHARES A H D ISSUED **AUTHORIZED SHARES ISSUED SHARES** NUMBER OF SHARES PAR VALUE NUMBER OF SHARES CLASS / SERIES CLASS / SERIES PAR VALUE 100 Without Par 100 Without Par Common Common

This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 6/27/96
Check No:
Ву:
For Secretary of State Use Only

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.

Signature of Officer

Mohamad Y. Sasa

Print or Type Name of Officer

President

Title of Officer

6-26.96

Date

orate ID:	Annual Report for the years 1995
e of Business Entity:	SASA Enterprize, Inc.
ness entity organized under the laws of the State of: Rhode Island	Business Entity is (check one):
ral Taxpayer Identification Number:	[X] Business Corporation (See RIG1, Chapter 7-1.1) [] Professional Service Corporation (See RIG1, Chapter 7-5.1) [] Limited Liability Company (See RIG1, 7-16)
·	Name, title and mailing address of contact person to whom communications may be directed
	Mohamad Y. Sasa, President
e. <u>(</u>	1393 Plainfield Street Johnston, RI 02919
ess and telephone of the principal office of business entity in Rhode (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island
1393 Plainfield Street	Real estate rental
Johnston, RI 02919	
·	Date of Organization: 11/26/90
<u>. (401) 94</u> 4-9 <u>930</u>	Date of Qualification to do business in Rhode Island (if foreign entity): ———————————————————————————————————
THE NAMES OF T	HE OFFICERS ARE:
homad V. Caca 40 Hopking Av	•
hamad Y. Sasa 40 Hopkins AV	Venue Johnston, RI 02919 CONSTANTE ZIPCOCI
char Sasa 83 Deerfield STOCHAN OF RECORDS OR 조 SECRETARY ICHEA CHAI	Drive West Warwick, RI 02893
hamad Y. Sasa 40 Hopkins Av	renue Johnston, RI 02919
char Sasa 83 Deerfield	
	HE DIRECTORS ARE:
hamad Y. Sasa 40 Hopkins Av	venue Johnston, RI 02919
char Sasa 83 Deerfield	Drive West Warwick, RI 02919
STREET AD	ORESS CITY/STATE ZIP CODE
BER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
BER 100	NUMBER 100
SS Common	CLASS Common
ES	SERIES
VALUEOR Without Par HOUTPAR	PAR VALUE OR without Par WITHOUT PAR
<u>4/17</u> ,19.9≤ By:_m	who I your SS
	nmad Y. Sasa
_Pres	rident
1 194	
DESIGNATED REGISTERED OR RESIDE	ENT AGENT FOR SERVICE OF PROCESS:
ASE NOTE: If the Corporation has changed its registered office and/or reg	

MOHAMAD YASER SASA 1393 PLAINFIELD STREET JOHNSTON RI 02919 FILED

MAY U 1 1995

By Cc 745

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PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

lame of Business Entity: <u>Sasa Enterprise</u>				
lusiness entity organized under the laws of the State ofRI	Business Entity is (check one):			
ederal Taxpayer Identification Number.	[X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5			
for foreign entity, address and telephone number of principal offi	A A A COURT OF THE COMMON (See PICL 7-16)			
	Name, title and mailing address of contact person to whom			
	communications may be directed. Mohamad Y. Sasa, President			
Phone: ()	Johnston, RI 02919			
Address and telephone of the principal office of business entity in	in Rhode			
sland (Provide street address - Not P.O. Box)	Brief statement of the character of business conducted in Rhode Islan			
1393 Plainfield Street	Real Estate			
Johnston, RI 02919				
	Date of Organization, 11/26/90			
Phone: <u>(401)946-2591</u>	Date of Qualification to do business in Rhode Island (if foreign entity			
CHIEF EXECUTIVE OFFICER OR B PRESIDENT (Next Own)	NAMES OF THE OFFICERS ARE: STREET ADDRESS CITY/STATE //			
Mohamad Y. Sasa	40 Hopkins Avenue Johnston, RI 02919			
CHIEF GPERATING OFFICER OR CONTICE PRESIDENT ICHAN OWN	40 Hookins Avenue Johnston, RI 02919			
Bachar Sasa ☐ CUSTOBIAN OF RECORDS OR SECRETARY (CNS) DW1	STREET ADDRESS CITYSTATE 2:			
Bachar Sasa	40 Hopkins Avenue Johnston, RI 02919 STREET ADDRESS CITYSTATE 2			
Mohamad Y. Sasa	40 Hopkins Avenue Johnston, RI 02919			
THE !	NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE Z			
Mohamad Y. Sasa	40 Hopkins Avenue Johnston, RI 02919			
Bachar Sasa	40 Hopkins Avenue Johnston, RI 02919			
NAME SASA	STREET ADDRESS CITY-STATE 2			
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicab			
NUMBER 100	NUMBER 100			
Cl.ASS Common	NUMBER 100 CLASS COMMON			
SERIES	CLASS COMMON FILE 1994 SERIES			
PAR VALUE OR	PAR VALUE OR			
WITHOUT PAR Without Par	without Par Without Par			
Date Ocotber 13 1994	By mohan Jon Sis			
	Mohamad Y. Sasa			
	President			

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0062527	Annual Report fo	or the year 1993	
FIRST: The nam	ne of the corporation is	SASA Entereriz	e. Inc	••••••
Second: It is in	ncorporated under the law	s of Rhode V	lslond	
THIRD: Charac	ter of business, briefly state	ed, is Inpox,	export.	•
FOURTH: If fore	eign corporation, address o	of its principal office		
FIFTH: Business	address in Rhode Island	1393 Plant		
Nam	and addresses of its directo	ors and officers: Office Address (include)	(Attach ric ling number, street, zip code)	der if necessary)
Mohamad YAS	Direct Direct ASA Presid Vice F Secret	ent 40 Hop Kins A	ue Johnst	on RIO
	Treasuper of Shares authorized:	ırer	Par Valu	
No. of Shares		AND Series AND 1933 ECY OF STATE	or statement shares are wi par value	that thout
EIGHTH: Number	er of Shares issued: SE Class	ECY OF STATE Series	Par Valu or statement shares are wit par value	that thout
Dated FPB 24	19 93	SASA Em Le (Name of Corporation)	PRPRIZE	Inc
(Report must	be signed by an officer)	By Mohamud Go		<u></u>

State of Rhode Island and Providence Plantations

6250	PROVID	PRPORATIONS DIVISION O NORTH MAIN STREET PENCE, RHODE ISLAND 029	03	
Corporate ID 05	-046552	3 Annu	al Report for the year	1992
First: The name	e of the corporation is	SASA G.	NTERPR	ISES, INC.
SECOND: It is inc	corporated under the law	s of RH	tode I	LAND
THIRD: Characte	er of business, briefly state	ed, is Retai		esale,
FOURTH: If forei	gn corporation, address of	of its principal office	NA	
FIFTH: Business	address in Rhode Island	1393 PSO	•	
SIXTH: Names as	nd addresses of its directo		Address (including number, st	(Attach rider if necessary)
MOHAMAD.	YASER SASA Direct	tor	KINS AUE	JOHNSTON, RI
	•	ent <i>40 Hop</i> President	Kins Aue	JOHNSTON, R.T.
	Secret	•		
SEVENTH: Number	er of Shares authorized:			Par Value Or statement that
No. of Shares	Class	PATO	5	shares are without par value
100		DEC 3 1992		1. 2 0
Еіднтн: Number	of Shares issued:	SECRETARY OF STA	TE	Par Value or statement that
No. of Shares	Class	Series	i	shares are without par value

Dated Nov 27 191992 SASA Enterprises, Inc.
(Name of Corporation)

By Mehamad Yaser Sasa Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0062527	Annual Report fo	or the year1991	******
FIRST: The r	name of the corporation is	EX & SON INC.		·······
Second: It i	s incorporated under the laws	of		
Third: Chai	racter of business, briefly stated	i, is Gasoline + D	Ilsel + Home t,	teating oil
Wholesalt	2 Distributar		••••••	
_		its principal office		
_		1393 PlainFil		
Jot	INSTON, RIT	·2 9 /9	······	************
	es and addresses of its directors		(Attach rider if ding number, street, zip code)	necessary)
MOHAMAD)	ASER SASA Directo	or 116 INMAN A	VE WARWICK	PT02880
	Directo	or		
<u>S</u>	Directo	or		••
<u></u>	Preside	nt		
5	Vice Pr	esident		
······	Secreta	ry		······
5	Treasur	rer		•••••
Seventh: No	umber of Shares authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
/00			PAID	
France N	1 601 : 1		1AN 08 1991	
	nber of Shares issued:		SEC'Yor statement that shares are without	
No. of Shares	Class	Series	par value	
Dated Dec	1991	(Name of Corporation)	INC,	······································
		By Mohamad	yaser Sasa	4
	an officer)	Title Presider	1	•••••