



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.

FILED
 AUG 19 2019
 BY 4999
 JS

1. Entity ID Number <u>000117720</u>	2. Exact name of the Corporation <u>SFS Corp</u>		
3. Principal Office Address <u>1204 Fish Road</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
4. NAICS Code <u>445120</u>	6. Brief description of the character of business conducted in Rhode Island <u>Convenience Store / Pizzeria</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joseph A. Sabino</u>			Vice-President Name <u>Emanuel A. Furtado</u>		
Street Address <u>32 KANE Street</u>			Street Address <u>14 Nicole Megan Way</u>		
City <u>New Bedford</u>	State <u>MA</u>	Zip <u>02740</u>	City <u>North Dartmouth</u>	State <u>Ma.</u>	Zip <u>02747</u>
Secretary Name <u>John M. Sabino</u>			Treasurer Name		
Street Address <u>31 Red OAK LAVE</u>			Street Address		
City <u>North Dartmouth</u>	State <u>MA</u>	Zip <u>02747</u>	City	State	Zip

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
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
		<u>0</u>	<u>Common</u>	<u>0</u>
		<u>0</u>	<u>LL</u>	<u>0</u>

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 <u>Joseph A Sabino</u>	Date <u>08/15/19</u>
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Signature of Authorized Representative Joseph A Sabino SIGN DOCUMENT HERE