_						
State of Rhode Island and Providence Plantations Department of State - Business Services Division				FILED.		
Annual Report for the year: 20/9			3 70 0			
Corporation			-	AUG 1 9 2019		
→ Filing period: January 1 - March 1					110,00	
→ Filing Fee: \$50.00 → Republy: Additional \$25.00 fee if form is not filed by April 1.				BY	<u> 4441</u>	
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.						
1. Entity ID Number		f the Corporation			D	
000117720	SFS	Corp				
3. Principal Office Address			City /	State	Zip	
1204 Fish	NOAd		Tiverton	DI	02878	
4. NAICS Code			r of business conducted in Rhode Is	land	· · · · · · · · · · · · · · · · · · ·	
445120	Convenie	ince Stine	Przzeria			
5. State of Incorporation	1		,			
RI						
7. List ALL officers (names and add	Iresses)			he box to indica	te an attachment [
President Name JOSEPH A. SABINO			Vice-President Name			
Street Address			Emanuel A. Furtado Street Address			
32 KHNF STreeT			14 Nicole Megan Way			
cinew Bedford	State MA	Zip のみ7YU	North Nartmouth	State Ma.	2ip 02747	
Secretary Name	C: / : >	^	Treasurer Name			
John M. SAbino						
Street Address 31 Red OAK LANE			Street Address			
City North Dartmouth	State M 17-	2ip 02747	City	State	Zip	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	<u> </u>	1	Director Name		<u>l</u>	
Street Address			Street Address			
City	State	Zip	City	State	Zip	

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.

10. Shares Issued
NUMBER OF SHARES

O

Name of Authorized Representative

Changes require an additional filing.

Joseph A SAbino

08/15/19

Check the box to indicate an attachment
CLASS/SERIES PAR VALUE

0

Common

Signature of Authorized Representative

This information is currently of record in the

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

9. Shares Authorized

Department of State.