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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>86185</b>	2. Exact name of the Corporation <b>Sarah Insurance Services, Inc.</b>
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3. Principal office address <b>90 Danielson Pike</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
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4. Business Phone No. <b>401-725-6739</b>	5. State of Incorporation <b>Rhode Island</b>
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6. Brief description of the character of business conducted in Rhode Island  
**To sell insurance products and to provide related services**

524113

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

President Name <b>Michael A. Sarah</b>	Vice-President Name <b>John R. Sarah, Sr.</b>
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Street Address <b>90 Danielson Pike</b>	Street Address <b>90 Danielson Pike</b>
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City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
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Secretary Name <b>Michael A. Sarah</b>	Treasurer Name <b>John R. Sarah</b>
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Street Address <b>90 Danielson Pike</b>	Street Address <b>90 Danielson Pike</b>
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City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
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**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

Director Name <b>Michael A. Sarah</b>	Director Name <b>John R. Sarah, Sr.</b>
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Street Address <b>90 Danielson Pike</b>	Street Address <b>90 Danielson Pike</b>
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City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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**9. SHARES AUTHORIZED**

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No par value

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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.

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_

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 Authorized Representative John R. Sarah 11-12-19  
Date

Print or Type Name of Authorized Representative

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