



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 25 AM 10:02

Annual Report for the year: 2020

Corporation

→ 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 000098972		2. Exact name of the Corporation SANTOS SATELITE SYSTEMS CO.	
3. Principal Office Address 29 Citizen Street		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Building, sale, installation and service of satellite systems.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ramiro P. Quaresma		Vice-President Name Maria S. Quaresma	
Street Address 29 Citizen Street		Street Address 29 Citizen Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Ramiro P. Quaresma		Treasurer Name Tanya Quaresma	
Street Address 29 Citizen Street		Street Address 29 Citizen Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ramiro P. Quaresma		Director Name Maria S. Quaresma	
Street Address 29 Citizen Street		Street Address 29 Citizen Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Director Name Tanya Quaresma		Director Name Daniel S. Quaresma	
Street Address 29 Citizen Street		Street Address 29 Citizen Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		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 Ramiro P. Quaresma		Date 2-12-2020	
Signature of Authorized Representative <i>Ramiro P. Quaresma</i>			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 25 2020

BY *Chck 1246*

10:02

FORM 630 - Revised: 10/2017