



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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	Zip 02864	City Cumberland	State RI	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	Zip 02864	City Cumberland	State RI	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	Zip 02864	City Cumberland	State RI	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	Zip 02864	City Cumberland	State RI	Zip 02864
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
		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. <i>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.</i>					
Name of Authorized Representative Ramiro P. Quaresma				Date 2-12-2020	
Signature of Authorized Representative <small>SIGN YOUR NAME HERE</small>					

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

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