



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

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.

FILED STAMP
FEB 27 2020
 BY ASSO DS

1. Entity ID Number 509826		2. Exact name of the Corporation S&A Holdings, Inc.			
3. Principal Office Address 221 Jefferson Blvd.			City Warwick	State RI	Zip 02888
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Sign and awnings manufacture and service			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George C. Daubmann			Vice-President Name Carolyn Daubmann		
Street Address 8897 S.E. Marina Bay Drive			Street Address 8897 S.E. Marina Bay Drive		
City Hobe Sound	State FL	Zip 33455	City Hobe Sound	State FL	Zip 33455
Secretary Name Carolyn Daubmann			Treasurer Name George C. Daubmann		
Street Address 8897 S.E. Marina Bay Drive			Street Address 8897 S.E. Marina Bay Drive		
City Hobe Sound	State FL	Zip 33455	City Hobe Sound	State FL	Zip 33455
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		CLASSIF RILS	PAR VALUF
		100	PWP	\$0.1	
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 Carolyn Daubmann					Date 1-27-2020
Signature of Authorized Representative <i>Carolyn Daubmann</i>					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