



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JAN 21 P 2:52

1. Entity ID Number 000007440		2. Exact name of the Corporation SADDLEBROOKE ASSOCIATES., INC.	
3. Principal Office Address 147 BORDEN AVENUE		City JOHNSTON	State RI
		Zip 02919	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ROBERT A. CASEY		Vice-President Name SHARRON. CASEY	
Street Address 147 BORDEN AVENUE		Street Address 147 BORDEN AVENUE	
City JOHNSTON	State RI	Zip 029019	City JOHNSTON
			State RI
			Zip 02919
Secretary Name ROBERT A. CASEY		Treasurer Name ROBERT A. CASEY	
Street Address 147 BORDEN AVENUE		Street Address 147 BORDEN AVENUE	
City JOHNSTON	State RI	Zip 029019	City JOHNSTON
			State RI
			Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name ROBERT A. CASEY		Director Name	
Street Address 147 BORDEN AVENUE		Street Address	
City JOHNSTON	State RI	Zip 029019	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		1,000	COMMON
			NO PAR
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. <b>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.</b>			
Name of Authorized Representative ROBERT A. CASEY			Date 1/16/2021
Signature of Authorized Representative <i>Robert A. Casey</i>		<b>FILED</b>	

JAN 21 2021

BWA 5791