State of Rhode Island

Department of State - Business Services Division

FILED
JAN 27 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
486188	S&S ENTERPRISES, INC.

3. Principal Office Address	City	State	Zip
74 BROAD STREET	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	AUTOMOBILE REPAIRS AND INSPECTIONS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
STEVEN SAAD	133 VICTORY HIGHWAY	MAPLEVILLE	RI	02839

Vice-President Name	Street Address	City	State	Zip
RENE ARCHAMBAULT	989 GREAT ROAD	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
DEBORAH ARCHAMBAULT	989 GREAT ROAD	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
AIMEE SAAD	133 VICTORY HIGHWAY	MAPLEVILLE	RI	02839

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
STEVEN SAAD	133 VICTORY HIGHWAY	MAPLEVILLE	RI	02839

Director Name	Street Address	City	State	Zip
RENE ARCHAMBAULT	989 GREAT ROAD	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
DEBORAH ARCHAMBAULT	989 GREAT ROAD	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
AIMEE SAAD	133 VICTORY HIGHWAY	MAPLEVILLE	RI	02839

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	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.

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	Date
STEVEN SAAD	1/22/21

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020