

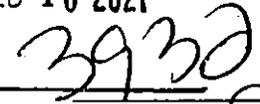


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

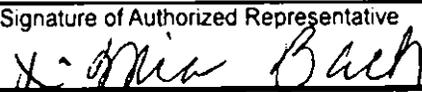
Annual Report for the year: **2021**
 Corporation

FILED STAMP

FEB 10 2021

BY 3930


- 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 500680		2. Exact name of the Corporation sisu, inc.	
3. Principal Office Address 233 Main Street		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island Retail, wholesale and/or commercial florist, also, to sell, buy and own real estate and to conduct any other business activity allowed by law.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mia Bach		Vice-President Name Robert E. Bach	
Street Address 102 Glenwood Drive		Street Address 102 Glenwood Drive	
City North Kingstown	State RI	Zip 02852	City North Kingstown
Secretary Name Robert E. Bach		Treasurer Name Mia Bach	
Street Address 102 Glenwood Drive		Street Address 102 Glenwood Drive	
City North Kingstown	State RI	Zip 02852	City North Kingstown
State RI		Zip 02852	
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	
9. Shares Authorized 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.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	
1		stk	
		PAR VALUE	
		\$.01	
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 Mia Bach, President			Date 1/5/21
Signature of Authorized Representative 			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